



WALKING EXCURSION CONSENT FORM FOR CHILD'S SCHOOL YEARS

Dear Parent,

Could you please sign the form below and return to school as soon as possible, to cover your child for the year when s/he goes out of the school grounds on walking excursions in the local area, as part of their class program, eg Hoppers Crossing Secondary College, Woolworths, Mossfiel Reserve etc.

M PRICE

Principal

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**MOSSFIEL PRIMARY SCHOOL
WALKING EXCURSION CONSENT**

CHILD'S NAME _____ CLASS _____

I give permission for my child to participate in local walking activities for their school years.

Consent to Medical Attention

Where the teacher in charge of the excursion is unable to contact me or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Special Provision - In compliance with Ministry Practices it is necessary for parents to notify schools of any **special medical circumstance** that exists in relation to school camps, excursions and sporting activities. As a consequence we request parents to indicate below any special medical circumstance that relates to a child participating in any of the above activities.

Medical Circumstance (please tick where applicable)

Diabetes Epilepsy Asthma Haemophilia

Other (please specify) _____

Medication Provided (with instructions) _____

PARENT'S SIGNATURE _____ DATE _____