



Dear Parent/Guardian

**PARENT INFORMATION AND CONSENT FORM
FOR INTRA STATE SCHOOL EXCURSION**

I am pleased to provide you with the following details regarding our Interschool Cross Country Championships. This excursion has been planned to supplement the work being completed in your child's classroom. If you give consent for your child to attend the excursion outlined below, please complete the permission slip attached and return it to the college. Failure to return the *Parent/Guardian Consent Form* by the due date may result in your child being excluded from this excursion.

INTERSCHOOL CROSS COUNTRY CHAMPIONSHIPS				
Purpose of Excursion:	Interschool Competition			
Venue:	UWA Sports Park, Mt Claremont			
Travel will be by:	School and Hire Bus			
Itinerary	Depart JFSC:	8.30am	Arrive Venue	9.15am
	Depart Venue:	2.30pm	Arrive JFSC	3.00pm
Date of Excursion	17 th May 2019			
Number of Students attending:	30			
Cost per Student	Nil.			
Special Clothing or other Items required:	School PE Shorts, Running Shoes (running singlet provided)			
Members of Supervisory Team:	Mr Justin Burt			
Staff Member with CPR and/or first aid training is:	School Sport WA Staff			
Activities to be undertaken:	Competitive Running			
Contact arrangements during the excursion:	Mr Justin Burt - 0413510912			

Yours sincerely

Justin Burt
TEACHER IN CHARGE

Melissa Gillett
PRINCIPAL

2 May 2019



CONSENT FORM FOR SCHOOL EXCURSION
Interschool Cross Country Championships

*(To be signed and returned to Mr Justin Burt, HOLA, Health & Physical Education Learning Area, by:
Wednesday 17th March 2019)*

I confirm that the college has been notified of any medical conditions or illnesses that may affect my child.

I require a Student Health Care Summary form to update my child's medical conditions.

(Please contact the college on T: 9473 4013 if you require a Student Health Care Summary form).

If the proposed excursion poses any additional health risks to those identified in the *Student Health Care Summary*, eg if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline additional health risks below:

I have read and understood the information regarding the intra state excursion to **UWA Sports Park on 17th May** and give my consent for _____ to participate.

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the college and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the college or its employees are proven to be negligent.

Signature of Parent/Guardian: _____

Date: _____