



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

I am pleased to provide you with the following details regarding our Focus Program excursion. 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 with the appropriate payment. Failure to return the *Parent/Carer Consent Form* by the due date may result in your child being excluded from this excursion.

FOCUS PROGRAM				
Purpose of Excursion:	Develop leadership skills			
Venue:	Bankwest Place, 300 Murray Street, Perth			
Travel will be by:	Public transport (Bus 950)			
Itinerary	Depart JFSC:	11:15am	Arrive Venue	11:45am
	Depart Venue:	2:15pm	Arrive JFSC	2:45pm
Date of Excursion	8th, 16th, 21th May 2019			
Number of Students attending:	8			
Cost per Student	Nil			
Special Clothing or other Items required:	Students to wear formal school uniform, details to be provided to students			
Members of Supervisory Team:	Kane Jericho – Year 10 Coordinator			
Staff Member with CPR and/or first aid training is:	Kane Jericho/ On site first aid			
Activities to be undertaken:	Meet and talk with female business executives.			
Contact arrangements during the excursion:	Call college office on 9473 4000.			

Yours sincerely

Kane Jericho
TEACHER IN CHARGE

Melissa Gillett
PRINCIPAL

10 April 2019



CONSENT FORM FOR SCHOOL EXCURSION

Focus Program

(To be signed and returned to K Jericho, Teacher-in-Charge, HPE Learning Area, by: 6th May 2019.)

Student Name: _____

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 **Focus Program** on 8th, 16th, 21st **May** and give my consent for _____ to participate.

I give permission for my 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/Carer: _____

Date: _____