



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

I am pleased to provide you with the following details regarding our RAC bstreetsmart 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.

| RAC bstreetsmart | | | | |
|--|---|--------|---------------------|--------|
| Purpose of Excursion: | Extension of the Year 10 'Keys 4 Life' program | | | |
| Venue: | Perth Arena, 700 Wellington Street, Perth | | | |
| Travel will be by: | Bus | | | |
| Itinerary | Depart JFSC: | 9.00am | Arrive Venue | 9.30am |
| | Depart Venue: | 2.30pm | Arrive JFSC | 3.00pm |
| Date of Excursion | 4 April 2019 | | | |
| Number of Students attending: | 160 | | | |
| Cost per Student | Nil | | | |
| Special Clothing or other Items required: | JFSC Uniform (if your child is not in full JFSC uniform they will not be allowed on the bus), Lunch | | | |
| Members of Supervisory Team: | Rebecca de Beer and other JFSC staff members | | | |
| Staff Member with CPR and/or first aid training is: | TBC | | | |
| Activities to be undertaken: | Watch and participate in RAC bstreetsmart presentation | | | |
| Contact arrangements during the excursion: | Rebecca de Beer 9473 4000 | | | |

Yours sincerely

Rebecca de Beer
TEACHER IN CHARGE

Melissa Gillett
PRINCIPAL

25 February 2019



CONSENT FORM FOR SCHOOL EXCURSION

(To be signed and returned to Rebecca de Beer, Teacher-in-Charge, HASS Learning Area, by: Friday 22 March 2019.)

| 📞 Emergency Contact for this Date/s | 📞 Work | 📞 Mobile |
|---|--------|--------------------|
| Student Name: _____ | | |
| I confirm that the college has been notified of any medical conditions or illnesses that may affect my child. <input type="checkbox"/> | | |
| I require a Student Health Care Summary form to update my child's medical conditions. <input type="checkbox"/> <i>(Please contact the college on T: 9473 4013 if you require a Student Health Care Summary form).</i> | | |
| If the proposed excursion poses any additional health risks to those identified in the <i>Student Health Care Summary</i> , 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 intrastate excursion to Perth Arena on the 4 April 2019 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: _____ |