



Dear Parent / Carer,

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

I am pleased to provide you with the following details regarding our **CYRIL JACKSON HEALTH FESTIVAL** 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.

CYRIL JACKSON HEALTH FESTIVAL				
Purpose of Excursion:	Health Studies Expo Research trip.			
Venue:	Cyril Jackson Senior Campus			
Travel will be by:	Midland Bus Company			
Itinerary	Depart JFSC:	10.40am	Arrive Venue	11am
	Depart Venue:	12.40pm	Arrive JFSC	1pm
Date of Excursion	Wednesday 15 May 2019			
Number of Students attending:	41			
Cost per Student	Nil			
Members of Supervisory Team:	Miss C Hawkins, Miss S Cosh, Miss L Banks			
Staff Member with CPR and/or first aid training is:	Miss C Hawkins, Miss S Cosh, Miss L Banks			
Activities to be undertaken:	Explore the Health Expo and collect ideas for 2020			
Contact arrangements during the excursion:	Miss C Hawkins, Miss S Cosh, Miss L Banks Rossi (mobile phones)			

Yours sincerely

Miss Cherise Hawkins
TEACHER IN CHARGE

Melissa Gillett
PRINCIPAL

1 May 2019



CONSENT FORM FOR SCHOOL EXCURSION

CYRIL JACKSON HEALTH FESTIVAL

(To be signed and returned to Miss C Hawkins, Teacher-in-Charge, Health and Physical Education Learning Area, by: Friday 10 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 **Cyril Jackson Senior Campus** on **Wednesday 15 May 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/Carer: _____

Date: _____