



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 Francis Burt Law Education Centre and Central Law Courts 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.

FRANCIS BURT LAW EDUCATION CENTRE AND CENTRAL LAW COURTS EXCURSION				
Purpose of Excursion:	Visit a Court sitting in progress			
Venue:	Central Law Courts, Perth			
Travel will be by:	Midland Bus Company and College Bus			
Itinerary – 1, 2, 3 or 4 July	Depart JFSC:	9am	Arrive Venue	9.40am
	Depart Venue:	12.30pm	Arrive JFSC	1.00pm
Date of Excursion	1, 2, 3 or 4 July 2019			
Number of Students attending:	190			
Cost per Student	\$15.00 <i>(Please Note</i> It is expected that any outstanding College charges are paid in full prior to the departure date of this excursion.)			
Members of Supervisory Team:	Grzejszczyk, Johnson, Rowe, Michel, McQuiggan, Ghergori			
Activities to be undertaken:	Court room visit and re-enactment in Law Education Centre			
Contact arrangements during the excursion:	College mobile phone			

Yours sincerely

Vic Grzejszczyk
TEACHER IN CHARGE

Melissa Gillett
PRINCIPAL

8 May 2019



CONSENT FORM FOR SCHOOL EXCURSION
FRANCIS BURT LAW EDUCATION CENTRE AND CENTRAL LAW COURTS EXCURSION

(To be signed and returned, with correct money to Mr Grzejszczyk, HASS Learning Area, by: 26 June 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 **Central Law Courts** on **1, 2, 3, or 4 July 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: _____