



**PARENT CONSENT FORM
FOR SCHOOL EXCURSION –
GRADUATION EXCURSION**

To be returned to school by Monday 7 December

If your son/daughter has special needs please provide full details and include any relevant medical details and updates to be entered on the Student Health Care Summary kept at the school.

If the proposed excursion poses any additional health risks to those identified in the Student Health Care Summary, e.g. 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 all current health risks below:

Contact Information		
Home:	Work:	Mobile:
Other:		

I consent to _____ participating in an excursion to the AMF Bowling Centre, 38 Patterson Road, Rockingham

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

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

Parent / guardian

Date