

**Liddiard Road Primary School
WALKING EXCURSION CONSENT FORM**

EXCURSION NAME: Walking Excursions

DATES COVERED BY THIS FORM:SCHOOL YEAR

YEAR LEVELS / CLASSES INVOLVED: PREP - SIX

TEACHER IN CHARGE: CLASS TEACHER

COST TO ATTEND: NIL – unless advised

MODE OF TRANSPORT: WALKING

DEPARTURE TIME: Advised before individual excursions

RETURN TIMES: Advised before individual excursions

PARENT / GUARDIAN CONSENT

Child's/Children's Name/s:

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Parent Telephone Contact: (Bus Hours) (After Hours)

Emergency Telephone Contact

Doctor's Name:

Doctor Telephone:

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Medicare No:

Ambulance Subscriber ...YESNO (circle one)

Medical Conditions:

Asthma Travel Sickness Epilepsy Other (Provide details below)

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I consent to my child/children taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, I authorise the teacher in charge to:

- Consent to my child/children receiving medical or surgical attention as deemed necessary by a medical practitioner
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Parent Signature:

Date: A