CONSENT FORM

I hereby give my permission for ______________________________ to participate in
the ________________________ to be held on __________________.

Where I am unable to be contacted or it is otherwise impracticable for me to be
contacted, I authorise the teacher in charge of the excursion or activity to:

• consent to ___________________________ receiving medical or surgical
  assistance as recommended by a medical practitioner in the event of any illness or
  accident;

• administer or consent to such first aid as the teacher in charge of the excursion
  may consider to be reasonably necessary in the event of any illness or accident.

I accept all risks involved in the administration of medical, surgical or first aid treatment
considered necessary and the responsibility for payment of all expenses incurred in
relation to such treatment and any emergency transportation required.

I also accept that my child may be returned home early from the excursion or activity in
the event of serious misbehaviour and that any costs associated with this are to be met by
me.

________________________________  __________________________________
Name                                  Signature

Date:_____________________________