

St Matthew's Collegiate School Outdoor Education Permission Form

Name of Excursion:

Staff Member in Charge:

I give / do not give _____ (name of student) _____
(Year level and form class) permission to participate in the

_____ (title, date and location of trip)

I agree that my daughter shall be subject to the control of the staff members accompanying the group. I authorise the teacher in charge of the excursion, where it is practical, to communicate with me and I consent to my child receiving such medical treatment as may be deemed necessary. Furthermore, I agree to meet any medical or hospital expenses that may be incurred during the camp on account of my child's injury or illness. I will ensure that all the items on the Gear List are with my daughter.

Please complete the following details as accurately as possible.

Medical Conditions:

Physical Limitations:

Food Allergies: _____

Last Tetanus Immunisation: _____

Parent Signature: _____ **Date:** _____

Telephone No: _____ **Emergency No:** _____