

6 September 2022

## Excursion Permission Note for Parents Floriade Performance

I give permission for my child \_\_\_\_\_ in year \_\_\_\_\_ to attend the Duffy Primary School excursion to Floriade on 12 October 2022 travelling by Bus and other details as outlined in the Excursion Information for Parents (including contingency plans).

*I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.*

*I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*

The [Medical Information and consent](#) form only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. **Are there any changes to this form?**

Yes  No

If yes, an updated *Medical Information and Consent Form* is required to be completed (available through the front office).

**Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?**

Yes  No

If yes, please complete a *Medication Authorisation and Administration Record* (available through the front office).

**Is there any additional information you need to provide to support your child's participation in this excursion?**

Yes  No

If yes, please provide these details:

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**Please provide the following information:**

Medicare Number:			
Private Health Fund:		Membership No.:	
Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.			

Name of Parent/Carer: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_