

CONSENT FORM FOR EXCURSION: INTERM SWIMMING 2017
TO BE RETURNED SIGNED TO THE SCHOOL BY – Friday 27 February

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the organizers well before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment.

Information

Home:	Work:	Mobile:
Other:		
I have read and understood the information regarding the excursion and give my consent for my son/daughter_____ to attend. \$40:00 is enclosed. <i>Signature of parent/guardian:</i> _____ <i>Date</i> _____		

