



Mt Maria Petrie  
In the Spirit of Maximilian Kolbe

# EXCURSION CONSENT FORM

Armstrong Street P- 07 3285 5500  
PETRIE Q 4502 F- 07 3285 5091

TO PARENT/GUARDIAN of \_\_\_\_\_

## DETAILS OF Yr 9 EXCURSION TO MURGON ( Teaching Unit :The Outsiders)

**DATE OF EXCURSION:** Tuesday 11<sup>th</sup> Sept & Wednesday 12<sup>th</sup> Sept      **TRANSPORT:** BUS  
**DEPARTURE:** 8:45 am (sharp Tuesday)  
**RETURN:** 2:30 (Wednesday Afternoon)  
**COST PER STUDENT:** Nil (Suggested Spending Money \$10/day)  
**ORGANISED BY:** Mrs Airdrie & Mrs Kelso

\*\*Please include payment for the excursion in an envelope marked with: student's name, class and excursion details\*\*

### PERMISSION FORMS TO BE RETURNED BY: \_\_\_\_\_

#### ADDITIONAL INFORMATION:

Students must bring a hat, water (bottle)

----- PLEASE DETACH SECTION BELOW AND RETURN TO THE COLLEGE -----

I, \_\_\_\_\_ (Parent/Guardian's name in full) as a Parent/Guardian with legal responsibility for \_\_\_\_\_ (student's name in full) give my consent for him/her to participate in the school activity as detailed in the written information supplied as above. I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.

I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion.

In the event of any illness or accident, I authorise the obtaining of such medical assistance as my child may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred therein.

If a student is found to be in the possession of illegal drugs or alcohol parents and school principal will be contacted immediately and arrangements will be made for the students to be returned home.

Should private transport be the mode of transport used for this excursion, I understand and agree that the driver is licensed to drive, that the car is registered and in a safe condition, and that students will be instructed to wear seat belts whilst the car is in motion. I understand that neither the school nor the Archdiocese of Brisbane shall accept responsibility for any claims which may result from a vehicle accident.

**Signed:** \_\_\_\_\_ (Parent/Legal Guardian)      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### STUDENT COMMITMENT

I agree to abide by the provisions of this excursion and to comply with the instructions of teachers/adults accompanying this excursion group. I will be of good behaviour throughout the excursion.

**Signed:** \_\_\_\_\_ (Student)      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### MEDICAL INFORMATION (TO BE SUPPLIED)

Does your child have any medical condition or disability which may affect your child's participation in the school excursion? YES/NO  
If YES, please give details:

\_\_\_\_\_  
\_\_\_\_\_

Is your child on any prescribed medication(s) which would be required to be continued during the excursion? YES/NO If YES, please give details:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies (eg. insect bites, drugs)? YES/NO If YES, please give details:

\_\_\_\_\_  
\_\_\_\_\_

Is there any information you would like to give which, in your view, may affect your child's participation in the excursion? YES/NO  
If YES, please give details:

\_\_\_\_\_  
\_\_\_\_\_

Students who take medication of any description at any time of the day must have all of the above details supplied before they can leave for a camp or excursion.

All medications must be supplied in the appropriate boxes/bottles and marked according to the above instructions.

Analgesics and any over-the-counter medications cannot be administered without a doctor's letter as per instructions above.

Please supply these and all contact details (in case of an emergency) to the office on the day prior to the camp or excursion.

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Day Contact No: \_\_\_\_\_ Day Contact No: \_\_\_\_\_

Evening Contact No: \_\_\_\_\_ Evening Contact No: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Additional Emergency Contact:

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_