

LOCAL EXCURSIONS AND SCHOOL SPORT CONSENT FORM – 2018

(Please return to the College)



GROVEDALE
COLLEGE

STUDENT NAME _____ STUDENT CODE _____ YEAR LEVEL _____
(if known)

I give permission for my child to participate in:

- ▾ Interschool sports trips in the Geelong area;
- ▾ Excursions of 1 – 2 session's duration conducted in Grovedale but outside the College grounds;
- ▾ Day long excursions in the Geelong area, which do not involve activities requiring 'special conditions'.

NB: The Geelong area includes Torquay and Barwon Heads.

I understand that the dates and times of these activities will be determined by the College staff and I will be notified when they are known.

I am aware that where activities are to be conducted away from the College, transport will need to be organised for my child. I consent to such transport arrangements being made at the discretion of the College staff and the Principal within the guidelines set by the Department of Education Training (DET).

In addition to the above, I also give permission for the teacher in charge of the activity in which my child is involved to authorise any medical or surgical treatment necessary where it is impracticable for him/her to contact me first regarding same.

Parent/Guardian Name: _____
(Please print clearly)

Parent/Guardian Signature _____

Relationship to Student _____ **Date** _____

Address: _____

Telephone: : _____ (Home) _____ (Mobile)

Please write below the name of emergency contacts that the College can contact if your child is ill whilst on an excursion and we are unable to contact a parent/guardian.

Emergency Contact	Surname	First Name	Phone No. (during the day)	Mobile Phone No
1 st Preference				
2 nd Preference				
3 rd Preference				

Health problems of which the College should be aware:

Asthma Fits of any Type (please give details) _____ Blackouts

Dizzy Spells Other (Please give details) _____

Doctor's Name: _____ Telephone No: _____

Current Ambulance Subscription: Yes No



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