

ALEXANDRA SECONDARY COLLEGE

RESPECT, INTEGRITY & PERSONAL

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PARENTAL PERMISSION FORM FOR EXCURSIONS & CAMPS

Alexandra Secondary College Parents & Friends Committee

I AGREE TO PERMIT MY STUDENT OF YEAR LEVEL

TO ATTEND AN EXCURSION TO

ON THE FOLLOWING DATE :

AND IS TO BE PAID AT THE GENERAL OFFICE BY :

(IF PRIVATE CAR) DRIVEN BY :

I authorize the Parents & Friends in charge of the excursion to consent where it is impossible to communicate with me, to my child receiving such medical or surgical treatment or travel by ambulance as may be deemed necessary.

I agree to pay for any expense which may arise if it is necessary for my child to be returned to school from the excursion.

I understand that this situation may arise because of

- Illness
- Injury
- Non-cooperation of any description by my child which, in the opinion of the teacher in charge, is detrimental to the successful running of the excursion.

In the event of accident or illness, I authorise Parents & Friends in charge of the excursion to consent, where it is impractical to communicate with me to my child receiving such medical or surgical treatment as may be deemed necessary.

MEDICARE NUMBERS:

Medical insurance fund: Do you belong to a medical insurance fund:

NAME NUMBER..... YES NO

AMBULANCE SUBSCRIPTION

NAME NUMBER YES NO

Is there any medical condition which the teacher in charge should be aware?

ASTHMA ALLERGY Details

OTHER

Is your child currently taking any medication: Please Specify

Parents Address :

Telephone : After Hours : Business Hours :

Signature of Parent or Guardian _____ Date _____