



ALEXANDRA SECONDARY COLLEGE

A TRIBES COMMUNITY

Private Bag 1
ALEXANDRA
Victoria 3714

Phone: 03 5770 2000 Fax: 03 5772 2049

email: alexandra.sc@edumail.vic.gov.au

Principal: Andrew Johnston

www.asc.vic.edu.au

PARENTAL PERMISSION FORM FOR EXCURSIONS & CAMPS

TO THE PRINCIPAL:

I AGREE TO PERMIT MY STUDENT..... OF YEAR LEVEL.....

TO ATTEND AN EXCURSION TO

ON THE FOLLOWING DATE..... AND THE COST IS

AND IS TO BE PAID AT THE GENERAL OFFICE BY

I UNDERSTAND THAT TRANSPORT WILL BE BY

(IF PRIVATE CAR) DRIVEN BY.....

I authorize the teacher 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 the teacher 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 NUMBER:

MEDICAL INSURANCE FUND: Do you belong to a medical insurance fund?

YES NO

NAMENUMBER.....

AMBULANCE SUBSCRIPTION

YES NO

NAME.....NUMBER.....

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 _____

Payment Type: [] Cash

[] B Pay

[] Cheque

[] CSEF

[] Credit Card

Date B Pay paid

Alexandra Secondary College – established in 1953