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## PARENTAL CONSENT

### Adventure World Excursion

I \_\_\_\_\_ give permission for my child, \_\_\_\_\_ Area \_\_\_\_\_  
to attend the Adventure World excursion on Friday 30<sup>th</sup> November 2018.

I understand that if my child receives more than **two (2) detentions, a withdrawal, in or out of school suspension** from today (2/11/18) then they will be unable to attend this excursion.

I have read and understood the attached information regarding the Adventure World excursion and understand the nature of the activities proposed.

I am aware that:

- the Department of Education insurance does ***not*** cover personal accidents through misadventure;
- any costs incurred as a result of accident or illness are my responsibility; and
- 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 have:

- completed the requested medical details overleaf; and
- I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged.

Where it is not practical to communicate with me, I authorize the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary.

If needed, I can be contacted at home. Phone: \_\_\_\_\_

Emergency Contact: Mr / Mrs / Ms \_\_\_\_\_

Phone: \_\_\_\_\_

**I have enclosed payment of \$40.00**

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_