



I Learn • We belong • Together we achieve

Dear Parents / Guardians,

2021 LOCAL EXCURSIONS

As part of our educational programs this year, there will be times when we take students off site for local excursions within Koroit (eg; library, the gardens or the kindergarten) and nearby to Tower Hill.

The purpose of this letter is to provide parents/carers with a single permission form for all planned local excursions for the year. It will allow the school to use these forms for each local excursion we may attend throughout the 2021 school year. Information will still be provided to parents prior to each local excursion with necessary details.

If you have any queries regarding the purpose of this generic parental consent and medical information request form for Local Excursions please contact the school.

Marina Milich
Principal

Please return this page back to school.

KOROIT AND DISTRICT PRIMARY SCHOOL

2021 LOCAL EXCURSIONS - CONSENT

I have read and understood the attached information regarding future local excursions that will be conducted as part of Koroit and District Primary School's educational programs.

I understand,

- That prior to a Local Excursion parents will be informed about the nature of the excursion
- That any costs incurred as a result of accident or illness are my responsibility; and
- That school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the Local Excursion.

I agree to inform the organisers well before the scheduled Local Excursion departure of any change to my child's/children's health and fitness or any changes to contact details.

I give my consent for my child/children ...

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

...to participate in local excursions organised by the school during 2021.

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school, I authorise the Principal or a staff member in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetic, blood transfusions and surgical operations.

Signature of parent/guardian: _____ **Date:** _____