



Bull Creek Primary School Parent Consent Form

Dear Parents,
The following excursion has been organised and it would be appreciated if you would read the contents carefully. Please complete the attached consent form and return it, together with any appropriate costs, to the school office.

Please remember that it is this school's policy that if money has not been received by the due date it is presumed that your child is not attending. Thank you for your support.

Activity	Cross country training and Carnival during Terms Two and Three, 2018.
Venue Details	As part of our training for the Faction and Interschool Cross Country Carnivals, your child may be running on John Creaney Reserve and footpaths around the school. Part of the Cross Country Faction Carnival will also be on John Creaney Reserve. Due to the use of areas off school grounds all students will need to return a permission slip.
Date of Excursion	Terms Two and Three, 2018. Faction Cross Country-Thursday 21 June from 9am-12pm.
Educational Purpose of Excursion	The Health and Physical Education Curriculum teaches students how to be part of a healthy, active population and engage in and enjoy regular movement-based learning experiences.
Supervisory Team	Classroom Teachers and Education Assistants
Classes Attending	Years 1-6
Return Permission Slips	Please return Permission Slip to class teacher by Friday 25 May
Times	Classes will practice the course during class fitness and PE sessions
Cost per Student	Nil
Requirements:eg Lunch, Uniform, etc)	Sneakers for running, Water Bottle, Hat, Asthma medication if required, Faction shirts on carnival day

Kind regards
Julie McCarthy
22/5/18

Retain the above section for your records.

Return this section to school.

Home:	Work:	Mobile:
Other:		Class:

I am aware 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 excursion. 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. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

I have read and understood the information regarding the _____ and give consent for my son/daughter _____ to attend.

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

❖ The following details have changed from those recorded on my child's medical information form.
