



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	Swimming Trials	
Venue Details	Definition Health Club- Wheatley Drive Bull Creek	
Date of Excursion	Friday 2 March 2018	
Educational Purpose of Excursion	Health and Physical Education- swimming, sportsmanship. Students from Years 4-6 will be participating in the Swimming Trials to select competitors for events in the Faction Swimming Carnival.	
Supervisory Team	Bull Creek Primary Staff, Definition Health Club Staff	
Classes Attending	Years 4-6. S5, S6 (Yr4), B4, B5, B6	
Mode of Transport	Walking to and from the venue.	
Times	Leaving School	8.30am
	Arriving at school	12.30pm
Cost per Student	\$4.50	
Payment to be made before	28 February 2018	
Requirements:eg Lunch, Uniform, etc)	Bathers to be worn under clothing and a change of underwear sent for after the Trials, Towel, Goggles, Water Bottle, Faction Uniform, Healthy snack	

Kind regards
Julie McCarthy
Date: 21 February 2018

Retain the above section for your records.

.....
Return this section to school.

Home:	Work:	Mobile:
Other:		
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 our Swimming Trials 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.
