



CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

(Note: that parents/legal guardians includes independent students, see definitions of the camps and excursions procedure)

Requirements in this document must not be altered. Please use block letters when filling out this form

As a parent/legal guardian of:

STUDENT/CHILD'S NAME	
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I:

PARENT/GUARDIAN NAME	
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give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Sports Day
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at/on:

LOCATION	SANTOS Stadium Marjorie Jackson-Nelson Dve MILE END 5031
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FROM:

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 TO:

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 OR ON:

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Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school/preschool in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child. I understand that I may seek payment of any ambulance invoice by the department if my child does not have private ambulance cover.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the site.

Signed: _____

Date: / /

Parent/Legal Guardian (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
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TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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Student Medic Alert Number (If applicable):	
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*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.



ACTIVITY INFORMATION SHEET

MARRYATVILLE HIGH SCHOOL SPORTS DAY

Dear Parent/Caregiver,

Sports Day will be on **Wednesday March 18th** (Week 8 of Term 1) at **Santos Stadium** located off Railway Terrace at Mile End. This is an important whole school event and it is an expectation that all students attend. The day starts with a Home Group roll call at 8:30am and concludes at **3:10pm**.

Parents/Caregivers are responsible for organising transport to and from Santos Stadium. A range of public transport options are available at www.adelaidemetro.com.au. In the event that this is not possible a charter bus service will be available departing from the back school gate on Alnwick Terrace. Students must arrive at **7.30am** for a **7.45am sharp departure** and will return to school by approximately **3.45pm**. Tickets for this service are limited (180 places only) and must be pre purchased from the Finance Office at a non-refundable cost of \$10.00 by **Friday 13th March**. No payments will be accepted after this date.

Students are encouraged to dress appropriately in their House colours or alternatively may wear their school uniform. **All members of the Marryatville High School Community are invited to attend and support competitors. Event programs will be available on the day.**

Please complete the tear off slip below to confirm transport, updated health and contact information and have your child return it their **Home Group Teacher** by **Wednesday 11th March**. Should you require further clarification please do not hesitate to contact the school on 8304 8420.

Yours sincerely,

John Tiver
Principal

Steve Heard
Co Curricular Coordinator

TRANSPORT ARRANGEMENTS

Transport Arrangements:

(Please tick)

- Own Arrangements
- School Charter Bus
- Not attending Sports Day