## Excursion Permission Note for Parents

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in year \_\_\_\_\_\_\_ to attend the (Insert School here) excursion to **(**insert location**)** on (dates) travelling by (Insert Transport*)*and other details as outlined in the Excursion Information for Parents (including contingency plans).

*I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.*

*I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that* circumstances *warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*

The *Medical Information and consent form* only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form.

Have you completed this form Yes [ ]  No  [ ]  Please click on this link [Medical Information and Consent Form](https://www.goldcreek.act.edu.au/__data/assets/pdf_file/0008/557702/4e_Medical_information_and_consent_form.pdf)

Are there any changes to this form Yes [ ]  Please detail changes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child require medication to be administered during the excursion (e.g., allergy medication, pain relief)?

Yes [ ]  Please complete [Medication Authorisation & Admin Record](https://www.goldcreek.act.edu.au/__data/assets/pdf_file/0003/425307/160428-Medication-Authorisation-Administration-Record.pdf%20) No [ ]

Is there any additional information you need to provide to support your child’s participation in this excursion?

Yes [ ]  No [ ]

If yes, please provide these details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please provide the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medicare No:** |  | **Private Health Fund:** |  | **Membership No** |  |
| **Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.** |

Name of Parent/Carer: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

✂

(If applicable please complete)

**PAYMENT SLIP**

I am paying the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QuickWeb: 🖵

The school encourages families to use our [Quickweb](https://quickweb.westpac.com.au/OnlinePaymentServlet?cd_community=ACTGSC&cd_supplier_business=24359853&cd_currency=AUD&returnURL=http://www.goldcreek.act.edu.au/payment&serviceReturnURL=http://www.goldcreek.act.edu.au/payment&cancelURL=http://www.goldcreek.act.edu.au/payment&errorURL=http://www.goldcreek.act.edu.au/payment&schoolName=GOLD%20CREEK%20SCHOOL&schoolMotto=Building%20the%20Future%20Together) banking facilities available through our website as it is a safe and secure way of making payments. Please use the URL below to take you to the schools QuickWeb payment tab. <http://www.goldcreek.act.edu.au/parent_information/payment>

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate’s website ([www.det.act.gov.au](http://www.det.act.gov.au)) on the About Us page.