

EXCURSION CONSENT FORM



CATHOLIC EDUCATION
OFFICE OF WESTERN AUSTRALIA

As a parent / guardian of:

Child's Name _____ Date of Birth _____

Does this child have a medical / health plan? YES NO

I give my consent for my child to participate in:

DATE	Proposed Times	VENUE / Nature of excursion	Travel Arrangements	Anticipated number of children attending	The ratio of educators: children attending	The number of staff or volunteers attending	Signature from parent / guardian
Friday 16th December 2016	Departing at 10:00am Returning at 10:30am	IGA BEAUMARIS Currambine Central, 1244 Marmion Ave, Currambine, 6028	Travel on foot, Constellation drive	30	1:6	5	
Tuesday 10th January 2017	Departing at 10:00am Returning at 1:00pm	SCITECH City west centre ,Sutherland St, Perth, 6005	Travel on Warwick Bus Company Coaches	30	1:6	5	
Wednesday 18th January 2017	Departing at 10:45am Returning at 12:45pm	SIZZLER 57 Liege St, Woodlands,6018	Travel on Warwick Bus Company Coaches	30	1:6	5	
Tuesday 24th January 2017	Departing at 10:00am Returning at 1:00pm	Landsdale Farm School 80 Landsdale Road, Darch, 6065	Travel on Warwick Bus Company Coaches	30	1:6	5	

Emergency Contact:

Name: _____ Telephone/ Home: _____ Mobile: _____ Work _____

Address: _____

(An excursion plan / risk assessment has been completed and is available for this excursion)