



St. Bernard's

Catholic Primary School, East Coburg

PERMISSION AND MEDICAL CONSENT FORM

I hereby give my permission for _____ to participate in the Years 5/6 camp at Phillip Island Adventure Resort on Monday 12th - Wednesday 14th August 2024.

Where I am unable to be contacted, or it is otherwise impracticable for me to be contacted, I authorise the teacher in charge of the camp or activity to:

- consent to _____ receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;
- administer or consent to such first aid as the teacher in charge of the excursion may consider to be reasonably necessary in the event of any illness or accident.

I accept all risks involved in administering medical, surgical, or first aid treatment considered necessary, the responsibility for payment of all expenses incurred in relation to such treatment, and any emergency transportation required.

I also accept that in the event of serious misbehaviour, I will be required to collect my child and take them home. Financial costs associated with this will be met by me.

Parent Name: _____ Parent Signature: _____

Date: _____

Student Agreement

I pledge to follow all the safety rules at camp so that I am safe and I make it safe for everyone else. I understand that if I do not do this, my parents will be contacted, and arrangements will be made for me to leave the camp.

Name: _____ Signed by child: _____