PARENT PERMISSION FOR EXCURSIONS AND IN SCHOOL ACTIVITIES.

I hereby grant permission for my child _________________________________ (Full Name)
In Year _________ Room __________ to attend

Wembley Primary School’s Excursions and In – School Activities for 2017.

Parent Signature: ______________________________
Date: ______/_____/______.

Where it is not practical to communicate with me, I authorize the teacher in charge to consent to my child receiving such medical treatment as may be considered necessary. I am aware that Education Department insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

NOTE:
Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent.

In case of excursions, costs incurred as a result of an accident or illness is the responsibility of the parent/guardian.

Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child’s health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.