



LILYDALE HEIGHTS COLLEGE  
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## INCURSION / EXCURSION / CAMP PARENT INFORMATION AND CONSENT FORM

- EXCURSION/CAMP: \_\_\_\_\_
- DATE : \_\_\_\_\_ • COST: \_\_\_\_\_
- TIME OF EXCURSION: \_\_\_\_\_ • TIME OF RETURN: \_\_\_\_\_
- EXCURSION DETAILS: \_\_\_\_\_
- METHOD OF TRANSPORT: \_\_\_\_\_
- TEACHERS IN CHARGE: \_\_\_\_\_

**PARENTS ARE ASKED TO RETAIN THE ABOVE PORTION OF THE INFORMATION**



- *All excursions are part of the total school program. Students are required to attend.*
- *Parents/Carers of students with Asthma are responsible for and should ensure that their child has an adequate supply of appropriate asthma medication.*
- *This permission form is to be returned, **with payment** (if applicable) by \_\_\_\_\_*  
to \_\_\_\_\_ for \$ \_\_\_\_\_ Teacher \_\_\_\_\_

### •• PARENTS PERMISSION RETURN FORM ••

**I do/do not (please delete whichever does not apply) give permission for my son/daughter to attend the excursion described above. In the case of injury or accident I authorise the teacher in charge to obtain medical attention for my child.**

Excursion / Camp \_\_\_\_\_

Date: \_\_\_\_\_

Students Names \_\_\_\_\_ Year Levels \_\_\_\_\_

Parents Signature \_\_\_\_\_

#### CONTACT IN CASE OF EMERGENCY

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

SPECIAL MEDICAL INFORMATION \_\_\_\_\_

#### NOTE:

This form will be returned to the teacher in charge of the excursion to permit your child to attend