

Year 4 Echuca excursion — May 15th, 16th and 17th 2017



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Parent Details

	Postcode
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Home Phone Number

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Emergency Contact in case parent cannot be contacted

Contact Number

Special Needs : Please identify any special needs or requirements that escorting teachers may need to be aware of e.g food allergies

Medical Information

Please list any conditions that escorting teachers may need to be aware of e.g. asthma , sleep walking, epilepsy, bed wetting. Is your child on any medication ? Please detail.

Medicare Number

Private Health Insurance

Number

I agree to my child's participation in the Year 4 excursion to Echuca. In the event of an accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require.

I also authorise the administering of an anaesthetic if this is deemed necessary by the medical officer attending.
I accept full responsibility for all expenses incurred. NB: Families should check their family health policies cover.

Full name of parent

Signature
