To Parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class/Pastoral \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**DETAILS OF EXCURSION - Please keep top section for your information.**

DATE OF EXCURSION:

DESTINATION:

DEPARTURE AT : FROM:

RETURN: TO:

COST PER PUPIL :

MONEY TO BE RETURNED BY:

MEANS OF TRANSPORT:

CONTACT STAFF ORGANISER:

NO PERMISSION FORMS WILL BE ACCEPTED AFTER:

OTHER DETAILS:

If the excursion organisation is varied or cancelled you will be notified in writing and any appropriate refunds made. **If a student cancels after final arrangements have been made, it may not be possible to refund money even if cancellation is due to illness**.

Teacher Name (Organising Teacher)

***PLEASE DETACH THIS PART AND RETURN IT TO (Nominate Teacher)***

***Money (Amount) is to be placed in a separate, clearly labelled envelope and placed in the Fees Box at the Student Office***

**CONSENT FORM**

As a parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastoral \_\_\_\_\_\_\_\_\_\_

I give my consent for him/her to participate in : *(List excursion details)*

and agree to delegate my authority to the staff and instructors involved. I understand that teachers will take whatever disciplinary action is needed to ensure students' safety and the orderly conduct of the excursion. If the above student must be returned to the school I will meet the cost of transport.

I authorise teachers to seek medical attention if needed while on excursion and agree to pay any medical expenses incurred on behalf of the above student.

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian

**STUDENT COMMITMENT**

I agree to abide by the provisions of this excursion and to comply with the instructions of the teachers. I will be of good behaviour throughout the excursion.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Student