



3820: Caulfield Junior College

Permission Form

Please complete the details on this slip, sign and return to your child's teacher.

Date: _____

Details of Excursion: _____

Destination: _____

Transport Method: _____

Teacher Responsible: _____

Cost: _____

Direct Deposit to: Account Name: Caulfield Junior College School Council A/c

BSB: 063116 Account Number: 00902034

Please include the family ID and excursion ID in the reference field when making a payment.

Student Name: _____ Class: _____

Medical Conditions: _____

Home Telephone: _____ Mobile Telephone: _____

Emergency contact number for this excursion: _____

Doctor Name: _____ Doctor Telephone: _____

Medicare Number: _____

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by medical practitioners.
- Administer such first aid as the teacher in charge may judge to be reasonable necessary.

Signature of Parent/Guardian: _____ Date: _____

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

NOTE: Parents/Guardians should provide written approval prior to their child taking part in any excursion.