



LYNEHAM HIGH SCHOOL
Care Quality Creativity



LHS Athletics Spirit Day 2022

Table with 4 columns: Field (Date of Excursion, Organising Teacher, Cost per student, Arrive at the venue), Value (Thu 7 Apr 2022 to Thu 7 Apr 2022, Lisa Price, nil, 8.30am), Field (Destination, Students will travel by, Permission note accepted until (late notes not accepted), Dismiss from the venue at), Value (Dickson Oval, Own way, Mon 4 Apr 2022, 2:45 pm)

I give permission for my child \_\_\_\_\_ Given name \_\_\_\_\_ Surname \_\_\_\_\_ Year \_\_\_\_\_

to attend this excursion, with details as outlined in the Excursion Information for Parents.

I agree with my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

The Medical and Consent form only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Are there any changes to the form previously provided?

Yes [ ] No [ ] If yes, an updated Medical Information and Consent Form is required to be completed (available at the front office).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?

Yes [ ] No [ ] If yes, please complete a Medication Authorisation and Administration Record (available at the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes [ ] No [ ] If yes, please provide details: \_\_\_\_\_

Parent / Carer name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.