



MONMIA PRIMARY SCHOOL
- Learn and Achieve -

2023 LOCAL WALKING EXCURSIONS PERMISSION FORM

Dear Parents/Guardians,

We wish to inform you that as part of our school curriculum there will be times where your child/children will be involved in local walking excursions. These include but are not limited to the following:

- a walk to visit Centro Keilor shopping centre
- a walk around the neighbourhood to look at house numbers etc.
- a walk to a park or around the block
- a walk along Copernicus Way to count traffic
- a walk to a local Secondary College for events

Such events are considered an extension of normal classroom activities and you are asked to complete the form below to indicate that you understand that such activities may occur from time to time and that you are willing to allow your child to participate. Supervision of all children will be maintained during events.

Yours Sincerely,

Lorraine Bell

Lorraine Bell

Principal

Consent

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Early Childhood Development does not have personal accident insurance cover for students.
- I give consent for my child, _____ (print child's name) in class _____ (print class details), to participate in the activity detailed above.
- I agree to pay to the school the costs detailed above for my child's participation in the activity.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I have provided the school all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this information.

I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) incurred on my child's behalf.

Parent/Guardian Name: _____(Please Print)

Parent/Guardian's Signature: _____

Date: ____/____/____

Additional medical information

The school collected medical information about your child at enrolment. This information is stored in CASES21. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

You may also wish to provide the following information*:

Name of child's medical practitioner: _____

Telephone No.: _____

Medicare No: _____

Private Health Insurance Company (if provided): _____

Membership No.: _____

Privacy Notice

The DE&T is collecting the personal information requested in this form in order to:

- *obtain lawful consent for your child to participate in the activity;*
- *help coordinate the activity;*
- *respond to any injury or medical condition that may arise during, or as a result of the activity; and*
- *update school records where necessary.*

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements.

Activity Risks & Insurance

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the DE&T does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/guardian. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/guardians. It is up to all parents/guardians to decide what types and what level of private insurance they wish to arrange to cover their child.