



Notes due: Friday 3 May

Permission Note Kindergarten Playgrounds Investigation

I give permission for my child _____ in kindergarten to attend the Majura Primary incursion to **Majura Preschool and the Micro Forest on Tuesday 7 May (KJC, KSH, KCL) and Tuesday 14 May (KKW, KDS, KCL)** travelling by walking.

I agree to my child participating in the activities associated with this incursion mentioned previously. I have discussed with my child the need for expected behaviour on this incursion. 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 incursion.

I agree that my child will be under the authority of the school for the duration of the incursion 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 Information 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 this form?

Yes No If there are **no** changes please continue to parent/carer consent:

If yes, an updated *Medical Information and Consent Form* is required to be completed (available through 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 through 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 these details:

Please provide the following information:

Medicare No:		Private Health Fund:		Membership No	
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Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.

Parent/Carer consent:

Name of Parent/Carer: (please print)

Signature:

Date: