



# Consent form

As a parent/guardian of.....

I.....give my consent for them to participate in

**a residential camp at Arbury Park Outdoor School in Bridgewater, South Australia** on.....  
*(name and location of activity)* *(date)*

*Details of the activities planned, transport arrangement and supervising staff are provided on the attached information.*

- I agree to delegate my authority to supervising teachers/instructors involved. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of the above student. *(Should an ambulance be required the call out fee is the responsibility of the patient. In certain circumstances DECD may meet ambulance fees and a Statutory Declaration form must be completed in this case. Refer to Reimbursement of Ambulance costs, Policies A-Z on DECD website.)*
- I have attached the health information form including details of any additional health support he/she requires to undertake the above activities safely. I consent to the above student's doctor or medical specialist to be contacted in an emergency.
- To the best of my knowledge, he/she is not presently carrying a contagious disease such as gastroenteritis that could put other students at risk. I agree to withdraw my child from participating in the camp if he/she has any episodes of vomiting or diarrhoea within **48** hours of the scheduled departure time.

Any health information given will not prevent your child from taking part in outdoor education activities unless further medical advice warrants exclusion. The information requested on the student health information sheet will be considered confidential by the school and will be treated accordingly. The information is sought in order to protect and assist the student so that the activity may be a safe and enjoyable experience. Please attach extra sheets if required and contact the teacher-in-charge to discuss any student health problems.

- The information given is accurate to the best of my knowledge.

Signed..... Date.....

- I give consent for my 6 to 8 year old child to sleep on a top bunk that meets current safety regulations.

Signed..... Date.....

## Emergency contacts

Parent or guardian		
Address		
Home tel.	Work tel.	Alternative tel.
Family doctor or medical clinic		
Address		Tel.
Medical specialist (if any)		
Address		Tel.