

WAIUKU COLLEGE DAY TRIP INFORMATION AND CONSENT FORM

Please read the attached letter before completing this form and signing the parent/caregiver declaration at the bottom. Students should sign the student declaration.

EVENT:

Date:

Location:

STUDENT DETAILS

Full Name:

Date of Birth:

Address:

Home Phone:

Student Cell Phone:

Doctor:

Doctor's Phone:

ABILITY TO PARTICIPATE

Please give details of any issues that may affect your son/daughter's ability to participate fully and safely in the activities outlined in the attached information letter, e.g. medical conditions, swimming ability, fitness level, emotional needs and cultural practices.

EMERGENCY CONTACT DETAILS

Please give details of two people who can be contacted in the event of an emergency.

Name:

Name:

Relationship to Student:

Relationship to Student:

Contact Phone number:

Contact Phone Number:

PARENT/CAREGIVER DECLARATION

I have read and understood the attached letter and hereby give my consent for my son/daughter to participate in this event.

Signed:

Name:

Date:

STUDENT DECLARATION

I hereby undertake to behave in an appropriate and responsible manner and in accordance with the College's Code of Conduct and to follow all instructions given by my teachers and other adults assisting with this event.

Signed:

Name:

Date:

Please return this form to:

By: