

Student Name: _____

Year: _____ Group: _____

Parent/Guardian/Carer Name: _____

COBDEN TECHNICAL SCHOOL LOCAL EXCURSION CONSENT FORM

Listed below are the venues or activities involved in Physical Education, Sports, Recreational activities, co-ordination etc. This consent form will apply for the whole of this year. Parents/Guardians should cross out any of the venues they do not wish their child to attend. You will be contacted separately for excursions with a high degree of risk (eg canoeing, archery, horse riding etc) or for overnight camps, or to places other than those listed below.

Other Schools:

Camperdown College
Terang P-12 College
Timboon P-12 College
Mercy Regional College
Cobden Primary School

Local venues

Cobden Football Club
Cobden Dam area
Cobden Swimming Pool
Cross-Country running
Cobden shopping centre
Local bush walks (rail, trail, roads, etc) in local area
Local businesses including Fonterra, Wesfarmers etc.

Cobden Tennis Club
Cobden Golf Club
Cobden Squash Courts
Cobden Bowling Club
Cobden Health Services

Areas adjacent to Cross Forrest Road which includes the Model Farm, Model Railway,
Cobden Go-Kart track, Cobden Airstrip, Mini-golf course.

I consent to my child taking part in excursions to the above-mentioned schools and venues. I authorise the teacher-in-charge of the excursion to consent, where it is impracticable to communicate with me, to my child's receiving such medical or surgical treatment as may be deemed necessary and I accept full responsibility for any damage, accident or injury involving my child.

Signature of Parent/Guardian: _____ Date: _____

COBDEN TECHNICAL SCHOOL ACCIDENT DECLARATION

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school, I authorise the Principal or a staff member in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetic, blood transfusions and surgical operations.

Signature of Parent/Guardian: _____ Date: _____

COBDEN TECHNICAL SCHOOL PHOTOGRAPH CONSENT

Over a year, we take many photographs of students at school and whilst involved in various activities associated with the school. We like to use such photographs in our own publications, as well as through newspapers. I consent to photographs taken of my child whilst at school or involved in school-related activities, being used in the above manner.

Signature of Parent/Guardian: _____ Date: _____

CONFIDENTIAL STUDENT INFORMATION – UPDATE

Please complete student details if changes are required :-

Student Name: _____

Residential Address: _____

Telephone: _____

If travel to and from school have altered, please indicate:

Method of travel: _____ (Walk, Cycle, Bus, Driven)

Family details:

Parent details: _____

Residential Address: _____

Telephone: _____ Mobile: _____

After hours contact: _____

Emergency contact details: _____

Address: _____

Telephone: _____ Mobile: _____

Family/Student doctor contact details: _____

Address: _____

Telephone: _____ Mobile: _____

Student Medical details:

Changes required: _____
