



# Broadford Primary School

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Dear Parent,

If you have misplaced your child's permission form for activities or excursions, you can print and complete this generic form and return to the office. Please enclose any payment that is due and a receipt will be issued. Payments must be enclosed in an envelope with your child's name, room, activity or excursion name and year level on the front. Ask child to put the envelope in their classroom letterbox located at the office.

Student Name: \_\_\_\_\_ Room number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Activity/Excursion Name: \_\_\_\_\_

Date of Activity/Excursion: \_\_\_\_\_ Cost: \_\_\_\_\_

Payment method (please circle): Cash      BPay      Cheque      EFT/C Card      use CSEF

Doctors name and contact number: \_\_\_\_\_

Ambulance cover: \_\_\_\_\_

My child is currently taking the following medication:

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

(Any medication sent with the child must be clearly labelled with the child's name, room, dosage amount and time required)

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- I consent to my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The Department of Education and Early Childhood Development requires this consent to be signed for all students attending school excursions.  
**NOTE:** Parents/guardians should provide written approval prior to their child taking part in any excursion.