



STUDENT EXCURSION CONSENT FORMAT

Personal Detail

Student Name:	
Student ID:	Student Mobile Number:
Class:	
Any medical condition:	
Medication:	

Excursion Detail

Excursion Name:		
Excursion date:		
Any other requirements (please specify):		
Payment (if required):	YES	NO

Local Emergency Contact Details (in Australia)

Person's name:	Relationship to you:
Mobile number:	Home phone No:

Declaration:

<ul style="list-style-type: none">✓ I understand that unless fees are paid in advance I may not be guaranteed entry (if applicable).✓ I understand that I must give at least 24 hours' notice prior to excursion day if I wish to cancel my booking or I will not be entitled for a refund.✓ I have disclosed any medical problems that may affect my participation in the excursion.✓ In the event of any illness or injury, I hereby consent to whatever medical treatment or procedure is required to ensure my wellbeing.✓ I understand that any potential medical expenses will be my responsibility.✓ I am responsible for any loss or damage to my personal items brought by the excursion.✓ I take full responsibility for my own conduct.
--

I authorise Camberwell College to post pictures of me and testimonials (if required) on social media.

Date _____

Signature _____