Consent Form

I, ____________________________________________________, mother/ father/ guardian of ____________________________________________________, Mech Group: __________

close to my child attending the Excursion/ In School Event after hours
to ____________________________________________________ on ____________________

I also agree that my child will be subject to the direction and control of the person(s) conducting the program, and will expect my child to obey all rules governing safety and behaviour.

I understand that all reasonable care for the safety of my child will be taken by the person(s) in charge of the program and I have no reason to believe that the state of my child’s health will be adversely affected through participation in this program.

Nevertheless, in the event of illness or accident to my child, and should it be impracticable to communicate with me, I request that the person(s) in charge arrange for my child to receive such medical and surgical treatment (including the administration of anaesthetic) as may be deemed necessary by a legally qualified medical practitioner. I agree to meet any hospital or associated expenses involved in any medical treatment incurred on my behalf in this regard.

I note the following as being known medical factors that may affect my child and any medication or treatment that may be relevant:

________________________________________________________________________________
________________________________________________________________________________

__________________________________________
Hospital Benefits Fund: _________________________________________________________________
Membership Number: ____________________________________________________________________

__________________________________________
Parent’s Name: _______________________________________________________________________
Parent’s Signature: ____________________________________________________________________ Date: ______________
OR

__________________________________________
Guardian’s Name: _____________________________________________________________________
Guardian’s Signature: __________________________________________________________________ Date: ______________

Phone numbers: Home: __________________________________________________________________
Business: __________________________________________________________________________
Mobile: ___________________________________________________________________________
Emergency: _______________________________________________________________________