

***This form must be returned to Student Reception***

1600 Sturt Street, Ballarat Vic 3350  
Reception: (03) 5329 6100  
Fax: (03) 5329 6111  
Student Reception: (03) 5329 6121  
Email Address: info@loreto.vic.edu.au  
Home Page: <http://www.loreto.vic.edu.au>



**Loreto**  
COLLEGE BALLARAT | EST.1875

**PARENTAL/GUARDIAN CONSENT**

«S\_CODE»

**Parents please note:**  
**For the student to participate in this activity this form must be returned.**  
**No verbal, fax or email permission is acceptable.**

I consent to my daughter: ..... of Class: ..... House: .....  
attending the excursion to ..... on .....

**If your daughter has any allergies or medical conditions, please give details below:**

.....  
.....

**Special Dietary requirements on the day:** .....

**Please complete the following details:**

Medicare Number: ..... Private Health Fund: .....  
Ambulance Cover and Number: ..... Health Fund Membership Number: .....  
Family Doctor Name: ..... Doctor Telephone Number: .....  
Student's Mobile Number: .....

I authorise any member of staff accompanying students on this excursion to obtain any hospital, medical or associated assistance, and for any treatment or procedure thought necessary in the event of illness or accident. I agree to pay or reimburse any expenses so incurred. In the event that the school authorities decide for any reason that my daughter should be sent home from the excursion prior to its conclusion, I agree to pay or reimburse any costs so incurred.

**I have read all documentation associated with the excursion.**  **Please tick**

Please list a contact person and telephone number in the event of an emergency on the day of this excursion.

Contact Person: ..... Telephone Number: .....

Parent/Guardian Name: ..... Signature: .....

Date: .....