

## Appendix 9

### PERMISSION TO ATTEND EVENT/CAMP FORM

Eastern College Australia

As a parent/caregiver of: .....

I, .....give my consent for him/her to take part in the special activity or camp to be held at

the ..... (event site)

from..... to..... or on.....

(date) (date)  
(date)

I have seen the attached copy of the programme for the ..... (event) and acknowledge that risk of injuries is inherent in physical activities. While I am aware that staff will take all due care, I recognize that accidents may occur.

The staff and supervisors have my authority to take whatever action they think necessary to ensure the safety, wellbeing and successful conduct of the participants as a group or individually in the above-mentioned activity.

If my child becomes ill or is accidentally injured, I authorise the person-in-charge to obtain on my behalf whatever medical treatment my child requires. I will agree to pay all such medical expenses.

I have attached information as asked concerning my child's health including any relevant details of his/her limitations for the planned activity. My child's own local doctor or medical specialist may be contacted in an emergency.

I also acknowledge that Eastern College Australia and all its representative leaders or other helpers at (name of event) can accept no liability for any personal injury or property loss suffered by my child during the period of the ..... (name of event).

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_  
Parent/Guardian/Care-giver