

2019

PARENT CONSENT FORM



STUDENT DETAILS (please print clearly)

SURNAME: _____

FIRST NAME: _____

SCHOOL: _____

TELEPHONE NUMBER/S WHERE PARENTS MAY BE CONTACTED.

DATE OF BIRTH _____

- I consent to my child _____ attending the North Coast Creative Arts Camp 2019
- My child will travel with _____ by private transport and will arrive at 4 pm. Sunday 11th August 2019.
- A cheque or money has been paid to my child's school.
- I understand that I must complete the online enrolment and medical forms by the due date <https://sportandrecreation.nsw.gov.au/facilities/medicalandconsentform> Booking No: 519848
- I acknowledge that my child is only able to have medication with parental consent (including paracetamol). Medication must be provided by parents/carers.
- I understand that the Lake Ainsworth staff and the teachers present will exercise due care in supervising all activities on my behalf.
- I understand that mobile phones are not permitted.

SIGNED: _____ Parent/Guardian

DATED: _____

**PLEASE RETURN THIS FORM TO YOUR SCHOOL WITH YOUR PAYMENT BY
WEDNESDAY JUNE 19.**

**THE SCHOOL WILL THEN RETURN THE CONSENT FORM TO THE COORDINATOR OF
THE CAMP.**