



2020 Year 7 Camp Consent Form

To be returned

To: Flo King

Email: fking@allsouls.qld.edu.au

Fax: 07 4787 8565

By: 21 January, 2020

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- I have read all of the information contained in the Year 7 Camp Information letter about the activity.
- I give consent for my child, _____
(print child's name), to participate in the activity detailed in the Year 7 Camp Information letter.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I have provided the school with all relevant details relating to my child's medical or physical needs on enrolment and where relevant, have updated this information.

Please tick the box which best describes your child's swimming ability:

- Unable to swim
- Able to tread water
- Able to swim 20 metres
- Comfortably able to swim 50 metres or more

Parent 1 Name: _____

Parent 1 Signature: _____

Date: _____

Parent 2 Name: _____

Parent 2 Signature: _____

Date: _____