



# CARLTON GARDENS PRIMARY SCHOOL

215 Rathdowne Street, Carlton 3053

Phone: 9663 6502

Fax: 9639 1220

Principal:

## Local Walks Form 2007

Student's name		Year level	
Medicare no.		Class teacher	
Parent's name		Contact no. (Work)	
		Contact no. (Home)	
		Mobile no.	
Emergency contact		Emergency contact's phone no:	

I give permission for my child to attend walking excursions within the local area of the school during 2006.

In the event of illness or injury to my child on the local walks excursion, I authorise the teacher in charge, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and surgical operations/procedures. I also agree to pay all medical costs incurred.

Local walks will include, but not be limited to, visits and participation in activities at: The Museum, Carlton Gardens, Lygon Street and Melbourne University.

Parent/Guardian Signature: \_\_\_\_\_