



PERMISSION FOR CHILD/STUDENT TO ATTEND EXCURSION/TRAINING ACTIVITY organised by DARWIN MOSQUE

Section 1

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| Place of Excursion / Training Activity: Wanguri Primary School Oval / Darwin Mosque Premises | Age of the Student: Over 10 years old |
| Times and Dates of activity: From: 5pm to 630pm on every Sunday | Student requirements (e.g. sun protection, running shoes): |
| Details of each activity (<i>itemise each proposed activity and if necessary attach a proposed itinerary and supervisor list</i>): List of Activities: Soccer, Basketball, Cricket, Table Tennis and Limited Gym Facilities | |
| Costs associated with activity: Training costs \$...N/A..... The suggested amount for spending money is \$...N/A..... | |
| Please complete all details below and return it to ... MIZAN RAHMAN (teacher / trainer in charge) By 13 / 11 / 2016 Failure to do so may result in your child being unable to participate in the activity. (Teacher/Trainer Signature) (President Signature) / / | |

Section 2

| | | |
|---|---|-----------------------|
| Student's Family Name: | Student's Given Names: | |
| Student's Date of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Parent/Caregiver's Name: | Parent/Caregiver Telephone Number: Work: Home: Mobile: Email : | |
| Emergency Contact Name (alternate contact): | Emergency Contact Telephone Number: Work: Home: Mobile: | |
| Child's medical details: Date of last tetanus injection: | Known allergies (drug reaction etc.): | Dietary restrictions: |
| Is the child is under medication? (If yes, name medication and attach instructions) | | |
| Has your child any special medical condition, physical or psychological limitations or cultural restrictions which may affect her/him whilst taking part in any activities? Please provide full details (attach information if necessary). Please provide any other information which you believe may help staff provide the best possible care. | | |

Section 3

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|--|------------------------------|-----------------------------|
| Permission is given to attend this training Activity. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Permission is given for school staff to administer first aid if required | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Permission is given to secure medical attention in case of illness/accident whilst on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I agree to pay the excursion costs outlined above. And, I agree that I will not held ISD responsible for any incident or untoward happening. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Where the excursion involves aquatic activities, I consent to my child swimming with supervision. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I (full name of parent) _____ of

(address) _____

_____ Postcode _____

give my permission for (full name of child) _____ to (name

of organisation referred to under Section 1): _____

Signature

____ / ____ / ____
Date