

CARNARVON SCHOOL OF THE AIR CONSENT FORM

NAME OF CAMP/SEMINAR/EVENT _____

DATE/S OF EVENT _____

The following Personal Data must be completed, signed and returned to school prior the camp and will be kept confidential by staff.

Student Details:

Name of Child
(Surname) (First Name)

Year Level Age Last Swimming Stage Passed

Parent/Guardian Details:

First Name Surname

Address

Phone No (Home) (Fax)

Emergency Contact: (Only to be used if parents can not be contacted)

First Name Surname

Address

Phone No (Home) (Work)

Declaration:

I give permission for my son/daughter to participate in (Name of camp) activities, including swimming lessons. Permission is also given for the above child to travel on a variety of public transport modes and to be transported in SOTA vehicles should the need arise.

Signature
Parent/Guardian

Date.....