



Carlton Gardens Primary School

No. 2605

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Local Walks Form

Student Name:	
Medicare Number:	
Parent/Carer Name:	
Work Contact Number:	
Home Contact Number:	
Mobile Number:	
Emergency Contact:	
Emergency Contact's Phone Number:	

I give permission for my child to attend walking excursions with the local area of the school for the duration of their enrolment at Carlton Gardens Primary School.

In the event of an 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 the emergency medical arrangements on my behalf as are deemed necessary by a qualified 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 will not be limited to, visits and participation in activities at: The Melbourne Museum, Carlton Gardens, Lygon Street and Melbourne University.

Parent/Guardian's Signature: _____

Date originally Signed: _____

Date last updated: _____