



College Excursion Agreement Form

To the Headmaster

I/We _____
Parent Full Names or Guardian Full Names

Residing at _____
Full Address

HEREBY AGREE to my son/daughter/ward _____
Student's Full Name

taking part in College excursions (being journeys or activities, no longer than one day, undertaken by students for educational purposes outside the College, authorised by the Headmaster or Deputy Headmaster and supervised by one or more staff members) from time to time during their enrolment at St Philip's College. I acknowledge that during those excursions my child/ward will be subject to the control and direction of the staff member or members accompanying the excursion party.

In consideration of the College arranging and conducting such excursions, I FURTHER AGREE

- a. That the Headmaster/Deputy Headmaster either personally or by their staff members or agents may on my behalf obtain and authorise any medical and/or hospital treatment that is deemed advisable for the welfare of my son/daughter/ward during the period of any particular excursion.
- b. That the senior staff member accompanying the party on any particular excursion may, if in his or her opinion circumstances require it, at any time during that excursion (after contacting parents) arrange for my son's/daughter's/ward's immediate return to his/her home, or to such address as I shall specify at the end of this form. Where parents are unable to be contacted, I acknowledge that my son/daughter/ward will return to the College.
- c. That I will indemnify, and at all times hereafter keep indemnified, the Headmaster, Deputy Headmaster, staff members and agents against all liability or claims which may result from the exercise of the authorities thereby given by me, and in particular medical and/or hospital and/or travel costs, as well as any reasonable expenses incurred by any staff member, resulting from the necessity to prolong his or her stay at any place on account of any illness or injury to my son/daughter/ward. Please note that in the event of injury or illness, all reasonable efforts will be made to contact parents.
- d. That I acknowledge and agree that the authorities and indemnities hereby granted by me shall continue whilst my son/daughter/ward remains at the College and/or claim exists arising from any illness or injury or conduct of my son/daughter/ward on a College excursion.

Signed _____
Mother's Signature

_____ *Father's Signature*

Guardian's Signature

Office Use Only: Year Level.....

Date _____