

LILYDALE HIGH SCHOOL

Melba Avenue, Lilydale 3140

Telephone: 9735-5644

Facsimile: 9735-3552

Email: lilydale.hs@edumail.vic.gov.au

Website: www.lilydale.hs.vic.edu.au



LILYDALE HIGH SCHOOL OUTDOOR EDUCATION / DUKE OF EDINBURGH AWARD CONFIDENTIAL STUDENT INDEMNITY FORM (and medical information update)

My son/daughter _____ Form _____

Date of Birth: _____

has my permission to attend the Outdoor Education / Duke of Edinburgh Award Program to:

Program (s) name, locations, dates:

- Indoor Rock Climbing – Hardrock Indoor Climbing Centre – 29th October & 5th November, 2009
- River sledding – Yarra River – 17th September, 2009
- Wabonga plateau bushwalk/river sledding expedition – 5th-8th October, 2009

As per the trip information letters for each of the above programs

I also acknowledge that I have read the Trip Information sheets and Equipment Lists in relation to the above programs.

The Medical Information including emergency contact details I have supplied in the Outdoor Education Medical Form is currently up-to-date.

Yes (continue to complete form)

No (please add details below on this page **and** contact Outdoor Education Coordinator)

I authorise the teacher in charge of the program / group to consent, where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

I authorise my son/daughters' photos / video images taken on school trips to be used for educational purposes or promotion of the program.

I accept responsibility for the cost of replacing lost or damaged equipment loaned to my son/daughter through misuse or negligence of it's use.

SIGNED: _____ DATE: _____

(Parent/Guardian)

Email address (for correspondence): _____

Contact telephone number(s): _____ or _____