



**St Columba's Primary School**

*The little school with a big heart*

**ST COLUMBA'S RUNNING CLUB - CONSENT FORM**

**Child's Name:**.....

**Class:**.....

**Parent Telephone Contact:** (Daytime) ..... (Mobile).....

I consent to my child taking part in running club, and where the coordinator in charge of the excursion is unable to contact me, I authorize the parent in charge to:

- Consent to my child receiving medical or surgical attention as deemed necessary by a medical practitioner in the event of any illness or accident.
- Administer or consent to such first-aid as the parent in charge may judge to be reasonably necessary.

My Prep child (where applicable) will be accompanied by his/her parent every week.

I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary, and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

I have enclosed \$10.00 per child to help cover snack costs.

I can volunteer to run with the group each week

I can volunteer to man a crossing each week

I can volunteer to help out occasionally

WWCC Number .....

(Please tick any that apply and add details of your Working With Children check)

(Please attach a photocopy or bring with you to first running session)

**Parent**

**Signature:**.....**Date:**.....