Parent Consent Form – Jazzing Around with James Morrison

Dear Parents and Carers,

A performance by world renowned Jazz musician James Morrison, along with the Sydney Symphony Orchestra has been organised for boys in Year 5 on Tuesday 15 March 2016 at the Seymour Centre. The concert commences at 10am and will take approximately one hour.

Students will depart from the Ginahgulla Campus at 9.00am and will return at 11.45am. They should wear their summer uniform and bring a disposable packed recess and bottle of water. Boys should bring any requirements needed for the remainder of the day back at school in their school bag.

The performance has been planned to give the boys a wonderful opportunity to see an outstanding Jazz musician accompanied by one of the best orchestras in Australia. The entry fee cost of $12.00 will be charged to your account.

The risks identified for this activity include traveling to and from The Seymour Centre via coach and viewing a live performance. Measures have been put in place to effectively manage these risks. Please let us know of any medical, condition/disability that may be relevant to your son’s welfare and safety on this incursion.

Yours sincerely,

Fiona Coleman
Coordinator of Music – Preparatory School
Parent Consent Form – Jazzing Around with James Morrison

Please return this section to your class teacher on or before Monday 14 March 2016.

I give consent for ______________________________

_of class __________

_to (full name of student)

participate in the Jazzing Around with James Morrison concert on Tuesday 15 March 2016 as detailed above. I am aware of the nature of the activity and agree to delegate my authority to

the staff/instructors involved.

In signing this document, I agree that The Scots College has warned me and/or my child that certain inherent physical and/or emotional risks and dangers may exist in my own and/or my child’s participation in this excursion. I agree that I understand the general nature of these risks may include physical injury and bodily conditions (however occurring); emotional stress and shock.

To the extent permitted by law, I agree to hold The Scots College harmless against any and all loss or damage that I and/or my child may suffer as a result of any injury or damage sustained by myself and/or my child while participating in the activity.

In the event of illness/accident, I authorise the obtaining of such medical assistance as my son may require. I accept all medical treatment risks and the responsibility for payment of any expenses thus incurred.

__________________________________________________________________________

Parent/Guardian Date

☐ Medical Condition(s) relevant to Excursion: _________________________________

☐ Medicare Number: _________________________________

☐ Medication to be taken on Excursion: _________________________________

(Please ensure 'Use By' Date is current)