School Camp Permission Form and Student Declaration

Child's Name:			
Form:			
I give permission for my Ranges Wilderness Can	y son / daughter to attend the np on the dates of	year to	Camp at Kinglake
behalf, such medical ass procedures and or anaes	dent or illness, I authorise the sistance that my child may receithetic risks involved, and the including transport by ambul	quire. I aco responsibi	cept all operation, medical
accompanying him/her a camp personally. I under	enses of my child being return and then returning to camp, of erstand that such an arrangem on of the teacher-in-charge the	r by collectent may be	ting my child from the e nessecary due to illness,
	causing deliberate damage to repair or replacement of such		perty, I agree to
prescribed drugs forbide to others, I accept respo	being found using or in poss den by law, or behaving in a r nsibility for removing or arra cation by the teacher-in-charg	nanner dee nging to re	emed as being a safety risk
Signed:	Date:		
(Mother/Father/Guardia	n)		
Student Declaration			
Students name:			
teachers, leaders and s camp and during all th	rules of the camp and the intaff members whilst travelline activities. If I do not follow be sent home from camp.	ing on the	buses, throughout the
Signed:	Date:		