

Student Excursion Consent Form

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|---|---------------------------|
| Student Name: | Student ID: |
| Contact Number: | Course: |
| Excursion Location: | |
| Mode of transportation: | |
| Email address: | |
| Emergency contact name and number: | |
| Date of Excursion: | Time of Excursion: |
| | From: |
| | To: |
| Teacher: | |

Activity risks and insurance

Please note that Della International College (DIC) does not have personal accident insurance cover for students. If you ARE injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the student. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the student.

Student Consent

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the DIC does not have personal accident insurance cover for students.
- I accept that the trainer/ instructors in charge will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion.
- If a student is found to be in the possession of illegal drugs or alcohol, the possessions will be confiscated and the student can face a fine or his/her course can be cancelled.

Name: _____

Signature: _____ Date: ____/____/____

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Office use only

Authorised by:

- CEO
- Compliance Manager

Signature:

Date: ____/____/____