



# Aberfoyle Park High School

36a Taylors Road East ❖ Aberfoyle Park ❖ SA ❖ 5159

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## APPLICATION & CONSENT FORM FOR BRIGHT SPARKS

(only students who are booked in prior to the first session may attend)

Please return to Jarrod Chave at Aberfoyle Park High School by Friday 28<sup>th</sup> July: [Jarrod.Chave@aphs.sa.edu.au](mailto:Jarrod.Chave@aphs.sa.edu.au)

As a parent/guardian of:

STUDENT/CHILD'S NAME		SCHOOL:	
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I:

PARENT/GUARDIAN NAME	
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I am submitting an application for my child to be involved in the Bright Sparks Science Club and give my consent for him/her to participate in this program at Aberfoyle Park High School on:

- Session 1: Thursday 17<sup>th</sup> August (Wk4)
- Session 2: Thursday 31<sup>st</sup> August (Wk 6)
- Session 3: Thursday 7<sup>th</sup> September (Wk7)
- Session 4: Thursday 14<sup>th</sup> September (Wk 8)
- Session 5: Thursday 21<sup>st</sup> September (Wk 9)

Does your child have a current Health Care Plan? Yes  No

If yes, please provide us with a copy.

### Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: \_\_\_\_\_

Date: / /

### Emergency Contacts - Parent/Guardian

NAME			
ADDRESS			
		POSTCODE	
HOME TELEPHONE		WORK TELEPHONE	
		ALTERNATIVE TELEPHONE	

Student Medic Alert Number (If applicable):	
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\*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.

