

Australian Institute of Language (AIL)

Primary School Preparation (PSP) / High School Preparation (HSP)

Course Incursion & Parent Consent Form

Incursion Details

- **Incursion Activity** _____
- **Date:** _____
- **Start time:** _____
- **Finish time:** _____
- **Teacher(s) in charge:** _____
- **Location:** ☐ All Campus ☐ Other (please specify):

- **Cost (if applicable):** \$ _____
- **Dress code / What to bring (if applicable):** _____

Student Details

- **Student Name:** _____
- **Date of Birth:** _____
- **PSP/HSP Class/Level:** _____
- **AIL Campus:** _____

Risks & Safety Information

Parents/guardians are advised that while all reasonable care will be taken by AIL staff, participation in incursions involves some inherent risks, including but not limited to:

- Minor injuries (slips, trips, falls, insect bites, sporting accidents).
- Exposure to outdoor conditions (if part of the incursion takes place outside).
- Use of tools, equipment, or materials related to the incursion activity.
- Crowded environments and interaction with visitors, guest presenters, or the public (if applicable).
- Unforeseen emergencies requiring evacuation or medical attention.

AIL has policies and procedures in place to manage risks and ensure student safety. Staff will carry first aid supplies, and emergency contact details will be accessible at all times.

Parent/Guardian Consent

I, _____ (parent/guardian name),
consent to my child _____ (student name)
participating in the incursion listed above.

I confirm that I have read and understood the possible risks associated with this
incursion, and I accept the conditions outlined below:

- My child must follow all instructions from AIL staff and supervisors, and behave in accordance with AIL's behaviour expectations and code of conduct.
- I authorise AIL staff to administer first aid or seek emergency medical assistance for my child if required.
- I accept responsibility for any medical, transport, or related costs incurred, including if my child is required to be sent home due to misbehaviour or inappropriate conduct.
- I accept responsibility for any medical or related costs incurred.

Parent/Guardian Signature: _____

Date: _____

Medical Information

- Does your child have any allergies, medical conditions, or medications we should be aware of?
☐ No
☐ Yes (please specify): _____
- Medicare Number (if available): _____

Emergency Contact (if different from parent/guardian)

- **Name:** _____
- **Relationship to student:**

- **Phone Number:**

📌 **Please return this form signed to the Admissions/Student Services Office by**
____/____/____.