CARNARVON
CHRISTIAN SCHOOL
"Walk as Children of Light"

Friday 24 July 2026

Dear Families,

At Carnarvon Christian School, we regularly provide students with opportunities to participate in local educational, sporting, cultural, and community activities that enhance their learning experiences.

This **Standing Consent Form** allows parents and carers to provide ongoing permission for their child to attend approved local excursions within a certain distance of the school, either on foot or by school-arranged bus transport.
By signing this form once, parents and carers will not be required to complete a separate consent form for each eligible excursion. The school will continue to notify families of upcoming excursions via Compass, and separate consent will be sought for activities that fall outside the scope of this agreement.

This Standing Consent Form applies to excursions and activities that:

- Occur within a 10km radius of Carnarvon Christian School
- Take place during normal school hours
- Are supervised by school staff and/or authorised adult volunteers in accordance with school policies
- Involve transportation by:
  -Walking; and/or
  -Approved bus transport arranged by the school
- Are assessed by the school as low-risk activities
- Do not involve overnight stays
- Do not involve water-based activities or activities requiring separate consent under school policy or outside organisations (such as the Shire, CoRE, etc)

Examples may include: visits to local parks/playground, sporting carnivals and interschool activities, library, community events, cultural or educational presentations, visits to local community facilities, nature walks and environmental studies.

Best regards,

Kirk Campbell
Principal

Phone: (08) 9941 4533 ***Email:*** office@ccs.wa.edu.au
30 Babbage Island Road, Morgantown [PO Box 141]
Carnarvon 6701 Western Australia
ABN/GST: 22 610 671 592

Local Excursions Standing Consent Form

This standing consent remains valid for the duration of my child's enrolment at Carnarvon Christian School, unless withdrawn by me in writing.

Student Details

Student Name: _____ Date of Birth: ____/____/_____

I acknowledge that:

- CCS will rely on the medical and emergency contact information provided through my child's enrolment records.
- I am responsible for ensuring that all medical information, emergency contacts, allergies, medical conditions, and medication requirements are kept up to date with the school.
- In the event of illness, injury, or emergency, I authorise school staff to seek appropriate medical treatment for my child.

I acknowledge and agree that:

1. I have read and understood this Standing Consent Form.
2. I give permission for my child/ren to participate in local excursions covered by this consent.
3. I understand that separate consent may still be required for excursions/activities that fall outside the scope of this standing consent.
4. I understand that I may withdraw this consent at any time by providing written notice to the school.

Parent/Carer 1 Signature: _____ Date: ____/____/_____

Parent/Carer 2 Signature: _____ Date: ____/____/_____

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