**External Activity Acknowledgement Form**

At [\*insert school name] the wellbeing and safety of our students are our highest priority. We know that when students feel safe and cared for, they are more likely to thrive academically, socially and emotionally. We enthusiastically support your child’s educational journey and want to make sure that every student has a safe and enjoyable experience when representing our school.

We understand your child, [\*insert student name], would like to participate in the following activity, which is administered by an external provider with whom the school has no involvement or oversight:

|  |  |  |
| --- | --- | --- |
| Description of Activity | Location of Activity | Date of Activity |
| [\*insert] | [\*insert] | [\*insert] |
| [\*insert] | [\*insert] | [\*insert] |
| [\*insert] | [\*insert] | [\*insert] |

As the school will not be involved in the above activity, in permitting your child to participate in the above activity as a representative of the school, you need to be aware that there may be associated risks to your child that will be outside the school’s control.

In providing our school’s consent for your child to represent us to participate in the above activity, please be aware that:

1. you are responsible for ensuring the supervision and care of your child for the entirety of the activity;
2. you will be responsible for all aspects of your child’s participation in the activity;
3. your child must comply with the school’s code of conduct at all times during their participation in the activity;
4. the school will not be responsible for your child in any way in connection to your child’s participation in the activity;
5. the extent of the school’s involvement in connection to your child’s participation in the activity is limited to the school providing its consent for your child to participate in the activity as a representative of the school;
6. there may be inherent risks arising from your child’s participation in the activity, which you will need to properly consider before allowing your child to participate.

By allowing your child to attend and participate in the above activity, you acknowledge and agree to the above.

|  |  |
| --- | --- |
| Parent / Legal Guardian Name | Signature |
| [\*insert] | [\*insert] |
| Date: [\*insert] |

We wish your child all the very best and would love to hear the outcome of their participation. If you have any concerns or questions, please feel free to contact us.

[\*insert signature panel]