

# Menai High School

## Excursion Permission Form



Dear Parents/Caregivers,

Date: 18/03/19 .....

An excursion has been arranged for your son/daughter as follows:

Subject: Sport (Optional)..... Class: Years 8 and 9 ... Excursion date: 26/03/19  
.....

Venue: Bellingara Netball Courts.....

Time of arrival at venue: 8:30 ..... Expected time of completion: 2:30 .....

Mode(s) of transport: Make way to own venue.....

Outline of excursion: U/15 Netball Gala Day.....

Instructions: .....

School Uniform: Yes/No PE Uniform: Wear initially the change

Clothing/equipment: Wear school netball dress (bring black shorts to wear underneath the dress) .....

Food: Bring own .....

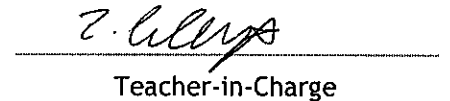
Cost: \$ 5 ..... Payable by: To the Office .....

Please return the following to school:

1. The completed Student Excursion Authorisation form to the classroom teacher.
2. The excursion fee in an envelope with name, class excursion and fee written on the front to Administration

  
B Ellevsen, Principal

Head Teacher

  
Teacher-in-Charge

----- Please tear off and return to school -----

### Student Excursion - Authorisation Form

Name: ..... Class: .....

Excursion: ..... Date: .....

**Is there any medical information that staff should know about? Y/N**

Please specify: .....

I authorise my son/daughter to attend the above excursion and give permission, in the event of an accident, for the school to take appropriate action.

Signed:.....  
(Parent/Caregiver)

Date: .....

# Menai High School



Care and Commitment

## Medical Information

(Confidential - Available only to the Teacher-in-Charge)

Student's Name: .....

Organising Teacher: .....

Excursion: ..... Date: .....

Home Address: .....

.....

Date of Birth: ..... Telephone: .....

### Emergency Contact Numbers

Father's Business No: ..... Mother's Business No: .....

Other contacts: Name: .....Phone: .....

Name: .....Phone: .....

Name of Student's Doctor: ..... Doctor's Phone No.....

Medical Condition (including anaphylaxis and allergies): .....

Physical disabilities: .....

Special foods: .....

Medication being taken: .....

Special treatment needed in an emergency: .....

Emergency medication NOT to be given: (e.g. Penicillin) .....

Activities to be avoided by this student: .....

Any other relevant information: .....

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