

Excursion Permission Form

Dear Parents/Caregivers,

Date: 26-Feb-19.....

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

Subject: *Year 10 History*..... Class: *ALL YEAR 10 STUDENTS* Excursion date: *1/5/19*...

Venue: *Sydney Jewish Museum*.....

Time of departure from school: *0830*..... Expected time of return to school: *1500*.....

Mode(s) of transport: *Coaches - with fitted seatbelts*.....

Outline of excursion: *Students attending lectures and tour at Sydney Jewish Museum*.....

Instructions:

School Uniform: Yes No

Uniform or clothing: *FULL SCHOOL UNIFORM*

Equipment: *nil*

Food: *Students can bring own lunch, or buy lunch at a fast food outlet on our return journey*.....

Cost: *\$30*..... Payable by: *29/03/2019*.....

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 Ellefsen Principal

.....
Head Teacher

.....
Teacher-in-Charge

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

Student Excursion - Authorisation Form

Name:

Class: *ALL YEAR 10 STUDENTS*

Excursion: *Sydney Jewish Museum*

Date: *1/5/19*.....

Is there any medical information that staff should know about? Yes No

If yes, 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:

Medical Information

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

Student's Name:

Organising Teacher: *Fenemore / Scevity*

Excursion: *Sydney Jewish Museum* Date: *1/5/19*

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:

Water or Swimming Activities (Please tick one box)

In relation to the proposed water or swimming activities: I give permission/I do not give permission for my child to participate in water/swimming activities. I advise that my child is a:

- Strong Swimmer
- Average swimmer
- Poor swimmer
- Non-swimmer