

Menai High School

Excursion Permission Form



Dear Parents/Caregivers,

Date: 30/01/2019

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

Subject: 11 ANCIENT HISTORY **Class:** 11AH 1 AND 2 **Excursion date:** 27/02/2019

Venue: Nicholson Museum, Sydney University

Time of departure from station: see below **Expected time of return to station:** 3pm

Mode(s) of transport: Train. Must meet your teacher at the top of [redacted] / Sutherland station by 8:30am with your ticket purchased/ opal card with funds already.

Outline of excursion: Students attend the museum to get a hands on experience with ancient artefacts relevant to their study over the next two years.

Instructions: Students to meet at Padstow station with Ms Scevity. Students will then travel into Redfern Station, and walk together to the Museum.

School Uniform: Yes

Clothing/equipment: Students are asked to bring minimal equipment and small bags as there is limited space at the museum for storage.

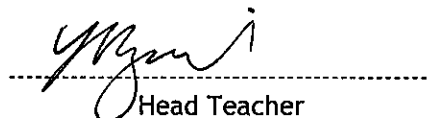
Food: Students can bring food, or purchase from one of the locations at the university.

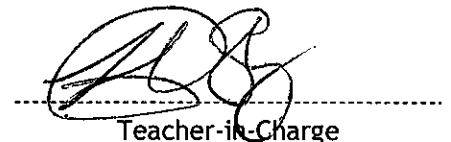
Cost: \$20 (to school) plus train ticket on the day **Payable by:** 15 / 02 / 2019

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 Ellevsen Principal


Head Teacher


Teacher-in-Charge

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

Student Excursion - Authorisation Form

Name: Class: 11AH

Excursion: Nicholson Museum

Date: 27/02/2019

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



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

Student's Name:

Organising Teacher: H Scevity

Excursion: Nicholson Museum

Date: 27/02/2019

Home Address:
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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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