

# Menai High School

## Excursion Permission Form



Dear Parents/Caregivers,

Date: 2.4.19.....

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

Subject: Welfare ..... Class: Year 11 Students Excursion date: 8.4.19 .....

Venue: Lucas Heights High School.....

Time of departure from school: NA..... Expected time of return to school: NA .....

Mode(s) of transport: Students to make their own way to and from the venue. ....

Outline of excursion: White Ribbon Day

Instructions: 9.30am start at Lucas Heights High School for White Ribbon Learning Experience. Finish time 2.30pm.

School Uniform: Yes/No

PE Uniform: Yes/No

Clothing/equipment: School Uniform .....

Food: Bring Recess and Lunch .....

Cost: \$5..... Payable by: On the day .....

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



## 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: .....

### Water or Swimming Activities (Please tick)

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