

Menai High School



Excursion Permission Form

Dear Parents/Caregivers,

Date: 3/5/2019

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

Subject: Studies of Religion Class: 11/12SOR Excursion date: 28/5/2019

Venue: Gallipoli Mosque

Time of departure from school: 9am Expected time of return to school: 1pm

Mode(s) of transport: Coach with seatbelts

Outline of excursion: Students are going on a guided tour of the mosque to support their study

Instructions: Students to meet under the cola at 9am for roll marking

School Uniform: Yes/No PE Uniform: Yes/No

Clothing/equipment: Please see attachment for clothing guides. This MUST be followed by all students strictly.

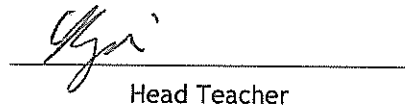
Food: On the return to school students will be able to purchase food. They can bring a snack to have before going into the mosque

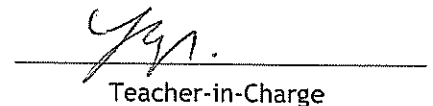
Cost: \$20 to office. \$5 cash on day Payable by: \$20 is for the bus payable asap. Bring \$5 cash for the tour on the day

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: SOR

Excursion: Gallipoli Mosque Date: 28/05/2019

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:
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