

# Menai High School



## Excursion Permission Form

Dear Parents/Caregivers,

Date: 20/05/19 .....

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

Subject: **Biology**..... Class: **12 Biology** ..... Excursion date: **02/07/19**

Venue: **UNSW Museum of Human Disease**

Time of departure from school: **7:30am** ..... Expected time of return to school: **3:00pm** .....

Mode(s) of transport: **Bus departing from school**.....

Outline of excursion: **Tour of Museum of Human Disease**

Instructions: **Arrive at school at 7:00am for roll call. Depart for museum at 7:30am.**

School Uniform: **Yes**

Clothing/equipment: **Bring digital device (mobile phone Or tablet) to complete Museum activities** .....


Food: **Bring your own lunch or money to purchase lunch**.....


Cost: **\$45 (bus and entry fee. Includes \$10 cost of consumables for supporting practical work at school as part of Biology Depth Study work)** Payable by: **18/06/19**.....

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: **Museum of Human Disease** ..... Date: **02/07/19** .....

**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: .....

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

Student's Name: .....  
Organising Teacher: **Mr Cole** .....  
Excursion: **Museum of Human Disease - UNSW** ..... Date: **02/07/19** .....  
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)

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