

# Menai High School



## Excursion Permission Form

Dear Parents/Caregivers,

Date: 26th March 2019

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

Subject: Ancient/Modern/Extension Histories Class: 12 Excursion date: Thursday 6<sup>th</sup> June 2019

Venue: Sydney University

Time of departure from Sutherland Station: 7.30am

Expected time of return to Redfern Station: 3pm

Mode(s) of transport: Train then walk from Redfern Station to Sydney University

Outline of excursion: Attend HSC Preparation Lectures

Instructions: Attend lectures and make notes

School Uniform: Yes

Clothing/equipment: Writing materials

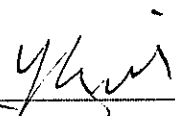
Food: Bring own recess and lunch (may bring money to buy lunch)

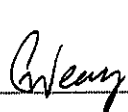
Cost: \$40.00 + *opal card* Payable by: Friday 5<sup>th</sup> April 2019 .....

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: .....

Excursion: HTA HSC History Lectures ..... 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: .....  
Excursion: HTA HSC History Lectures ..... Date: Thursday 6<sup>th</sup> June 2019  
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: .....  
.....