

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: **7:00am** Expected time of return to school: **3:00pm**

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

Outline of excursion: **Educational Tour & Activities at the Museum of Human Disease**

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

School Uniform: **Yes**

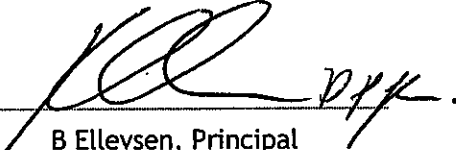
Clothing/equipment: **Bring digital device (mobile phone Or tablet) to complete Museum activities**


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

Cost: **\$35 (transport and bus fee) 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 Ellefsen, 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:

Menai High School



Medical Information

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

Student's Name:
Organising Teacher: **Cameron Cole**
Excursion: **Museum of Human Disease - UNSW** 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