

Excursion Permission Form

Dear Parents/Caregivers,

Date: 11-Mar-19.....

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

Subject: *Welfare*..... Class: *Year 12*..... Excursion date: *13/11/19*

Venue: *Dockside, Cockle Bay Wharf*.....

Time of departure from school: *6pm*..... Expected time of return to school: *11:30pm*.....

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

Outline of excursion:

Instructions:

School Uniform: Yes No

Uniform or clothing:


Equipment:

Food: *Meal provided*.....

Cost: *\$.120*..... Payable by: *\$50 by April 1st, Full payment before 31st July 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 Ellefsen Principal


Head Teacher


Teacher-in-Charge

-----Please tear off and return to school-----

Student Excursion - Authorisation Form

Name: Class: *Year 12*.....

Excursion: *Year 12 Formal*

Date: *13/11/19*....

Is there any medical information that staff should know about? Yes No

If yes, 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:

Medical Information

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

Student's Name:

Organising Teacher: *LaRosa, Hennessy*

Excursion: *Year 12 Formal* Date: *13/11/19*

Home Address:

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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:

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Water or Swimming Activities (Please tick one box)

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