

# Menai High School



## Excursion Permission Form

Dear Parents/Caregivers,

Date: 22/02/19 .....

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

Subject: Drama and English ..... Class: 9DRA01, 10DRA1, 10ENG01, 10ENG02, 10ENG03 .....

Excursion date: 17/05/19

Venue: The Seymour Centre, Cnr or Cleveland Street and City Road.

Time of departure from Menai High School: 11:30am

Expected time of return to Menai High School: 3:30-4:00pm.

Mode(s) of transport: Students will be catching a coach to the Seymour Centre .....

**Outline of excursion:** Students will arrive at school go to their first 2 periods of class. At recess they will meet outside the front office to board the busses for an 11:30am departure. Students will travel by coach to The Seymour Centre and watch the performance of Macbeth followed by a Q&A. Students then will travel back to Menai High School to arrive by approximately 4/4:30pm. ....

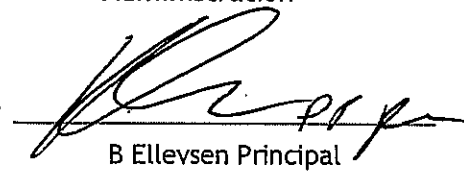
School Uniform: Full School Uniform

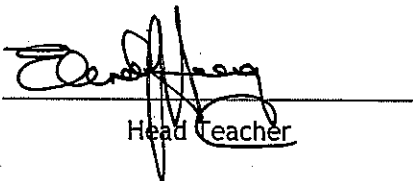
Food: Students are to bring their own packed lunch .....

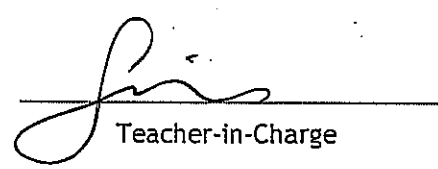
Cost: \$35 ..... Payable by: 11.4.19 .....

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: ..... 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: .....  
Organising Teacher: Sebastian Riorden .....  
Excursion: Macbeth Performance at the Seymour Centre ..... Date: 17/05/19.....  
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