

Excursion Permission Form

Dear Parents/Caregivers,

Date:

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

Subject: *Ocean Activities*..... Class: *9OA1, 9OA2, 9OA3*..... Excursion date: *1/7/19*...

Venue: *Sea Life Sydney Aquarium*.....

Time of departure from school: *8:45am*..... Expected time of return to school: *3:00pm*.....

Mode(s) of transport: *Bus + walk*.....

Outline of excursion: *Sea Life Sydney Aquarium excursion*.....

Instructions:

School Uniform: Yes No Uniform or clothing: *School*

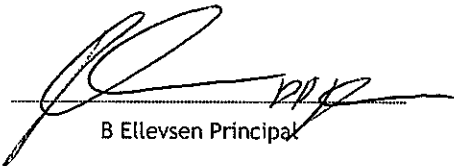
Equipment: *Pen, Lunch, drink, money for lunch if needed*

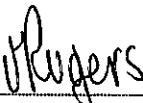
Food: *Bring food and water. There will be a lunch stop to buy food if needed*.....


Cost: *\$24*..... Payable by: *24/6/19*.....

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: *9OA1, 9OA2, 9OA3*.....

Excursion: *Ocean Activities - Living together in the sea* Date: *1/7/19*.....

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: *M. Woodcraft*.....

Excursion: *Ocean Activities - Living together in the sea*..... Date: *1/7/19*.....

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:

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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