

Menai High School



Excursion Permission Form

Dear Parents/Caregivers,

Date: 14/3/19.....

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

Subject: Oceans Alive..... Class: Y9 OA . Excursion date: 26/3/19 or 27/3/19

Venue: Boat Harbour, Kurnell.....

Time of departure from school: 9.00am..... Expected time of return to school: 3.00pm.....

Mode(s) of transport: Bus.....

Outline of excursion: Practical dive skills and marine environment investigation.....

Instructions: Go to roll call then come to the front of school after you have been ticked off

School Uniform: No PE Uniform: Casual

Clothing/equipment: Bring swim wear, sun protection, plenty of water and food.....

Food: Bring own lunch and drinks-no shops or amenities available

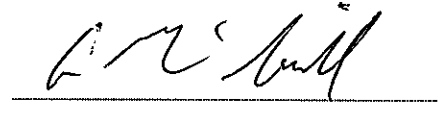
Cost: \$14 Payable by: Friday 22/3/19

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 Ellevsen Principal


A Hanna Head Teacher


G McNeill Teacher-in-Charge

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

Student Excursion - Authorisation Form

Name: Class:90A

Excursion: Boat Harbour Date: 26 or 27/3/19

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:
Excursion: 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