

Dear Parents,

### NOTIFICATION OF AN EXCURSION / IN SCHOOL ACTIVITY

Information on an Excursion / In School Activity which has been organised for your daughter's class appears below. Please read it, complete the consent form and return it and any money owing, in a clearly marked envelope to the Subject Teacher.

For senior students a non-mandatory Excursion attendance is voluntary. It is the student's responsibility to ensure that she catches up on any school work, assignments, etc. that she may miss during her time away.

Subject:  Year Group:  7  8  9  10  11  12

Rationale for Excursion / Activity:

Date(s) of Excursion / Activity:

Venue:

Travel Arrangements: Depart from:  at:

Return to:  at:

Transport by:

Dress:

Lunch:

Special Arrangements: *Students will be involved in the following activities, some of which involve risks.*

Cost:  **Unless the permission notes are received by the due date, students cannot attend the excursion.**

Final Date for Payment and Note:

Date Issued:

Teacher(s) In Charge:

School Contact Number: 02 9849 9100

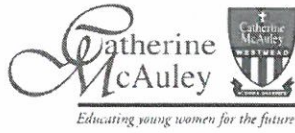
**Students are expected to abide by the Student Charter.  
Students not attending this Excursion / In School Activity must attend school for supervised work.**

**Ms Debbie Grigson**  
Assistant Principal  
(Pastoral Care/Administration)

Co-ordinator

Teacher in Charge

**Please complete the attached consent form and hand to the Subject Teacher by due date.**



## PARENT/GUARDIAN CONSENT FORM

Student's name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Name of Excursion: \_\_\_\_\_ Date: \_\_\_\_\_

As a Parent/Guardian of \_\_\_\_\_

I, \_\_\_\_\_, give my consent for her to participate in the school excursion as detailed in the attached information sheet. I am aware of the nature of the excursion, the activities which may involve risk.

I accept that the teachers and or instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion.

In the event of any illness or accident, I consent for the teachers to administer any first aid treatment which in their discretion is considered necessary. I authorise the obtaining of such medical assistance as my daughter may require. I accept all medical treatment and the responsibility for payment of any expenses thus incurred.

I include the completed medical information section (below) about my daughter to assist those who are organising the excursion.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Emergency contact phone number for excursion day: \_\_\_\_\_

### Medical Information:

Does your daughter have any medical condition or disability which may affect her participation in the school excursion or in some of the activities on this excursion? **Yes / No**

If Yes, please give details:

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Is your daughter on any prescribed medication(s) which she will be taking during the excursion? **Yes / No**

If Yes, please give details:

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Does your daughter have any allergies (eg. insect bites, food)? **Yes / No**

If Yes, please give details:

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Does your daughter have any special dietary requirements (vegetarian, gluten free)? **Yes / No**

If Yes, please give details:

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Is there any other information you would like to give which, in your view, may affect your daughter's participation in the excursion? **Yes / No**

If Yes, please give details:

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