



EXCURSION NOTIFICATION and PERMISSION LETTER

Keep **ONE COPY** for your information, **SIGN AND RETURN THE OTHER TO SCHOOL**

Student:	
Teacher in charge:	Carolyn McNeil

Program	Date(s) of excursion:	Departure time:	Return time:	Location(s): Address and telephone (if applicable)	Mode of transport:	Staff #:	Cost:
Naranga Athletics Carnival	20 th March 2019	9:10am	12:30pm	Ballam Park Athletics Track Benanee Drive Frankston, VIC 3199	Walking or School Bus	46	\$0

Students need to:	Wear their assigned house colour. Bring a hat and sunscreen Have a warm jumper/raincoat and pants depending on the weather. Bring a water bottle and lunch as normal.
Your child's house is:	Learner House – YELLOW Respectful House – BLUE Responsible House – GREEN Safe House – RED
Total cost: \$0	Payment due: N/A
This excursion is designed to support your child's curriculum by: allowing them to compete in a friendly school event while practising physical and social skills.	

***This is a whole school event. All students are expected to attend.**

***In the event of unsuitable weather or other unforeseen circumstances, students will stay at school.**

****Parents are welcome to join us for this important day in our school calendar.***

Student accident insurance

The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

Parent Consent

Student behaviour

I understand that in the event of my son's/daughter's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

Consent for emergency transportation

In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff.

Change to Medical Condition

Has there been any change to your child's medical condition? Yes No

If yes, please provide relevant details.

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of the medication, dose and describe when and how it is to be taken.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first aid as the teacher-in-charge judges to be reasonably necessary.

I have read all of the above information provided by the school in relation to the excursions for

Athletics Day

I give/do not give permission for: _____ (full name) to attend.
(Please circle)

Parent/guardian: _____ (full name)

_____(signature) _____(date)

In case of emergency I can be contacted on:

_____ OR: _____