

EXCURSION NOTIFICATION and PERMISSION LETTER

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



Student:	
Teacher in charge:	Sarah Howden

Program	Date(s) of excursion:	Departure time:	Return time:	Location(s): Address and telephone (if applicable)	Mode of transport:	Staff #:	Cost:
Salvo's	April 30 th May 14 th , 28 th June 11 th , 25 th	1.15pm	2.50pm	Salvation Army 2/1-5 Hartwood Ct, Chelsea Heights VIC 3196 97738052	Bus 5	Sarah Howden	n/a
Baptcare	May 7 th , 21 st June 4 th , 18 th			Baptcare 24-28 Moorooduc Hwy, Frankston South VIC 3199 (03) 5979 9900			

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

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.

This permission form must be returned by: <u>6th April 2019</u> If you have elected to not return this form, we understand that you have chosen for your child not to participate.	
Students need to bring:	n/a
If applicable I authorise the school to use my CSEF – Camps, Sports & Excursions Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

If my contact details change, I will notify the school office.

I have read all of the information provided by the school in relation to the excursion.

Parent/guardian: _____ (full name)

_____ (signature) _____ (date)

In case of emergency I can be contacted on:

_____ OR: _____