

# EXCURSION NOTIFICATION and PERMISSION LETTER

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



<b>Student:</b>	
<b>Teacher in charge:</b>	Sarah Howden

Program	Date(s) of excursion:	Departure time:	Return time:	Location(s): Address and telephone (if applicable)	Mode of transport:	Staff #:	Cost:
Community programs	April 24 <sup>th</sup> , 26 <sup>th</sup> , 30 <sup>th</sup> May 3 <sup>rd</sup> , 7 <sup>th</sup> , 10 <sup>th</sup> , 14 <sup>th</sup> 17 <sup>th</sup> , 21 <sup>st</sup> , 24 <sup>th</sup> 28 <sup>th</sup> , 31 <sup>st</sup> June 4 <sup>th</sup> , 7 <sup>th</sup> , 11 <sup>th</sup> , 14 <sup>th</sup> , 18 <sup>th</sup> , 21 <sup>st</sup> , 25 <sup>th</sup> , 28 <sup>th</sup>	9.30am	10.30am	Karingal Hub Post Office	Walk	Sarah Howden	n/a

**\*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.

<b>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.</b>	
<b>Students need to bring:</b>	n/a
<b>If applicable I authorise the school to use my CSEF – Camps, Sports &amp; Excursions Fund</b> <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: \_\_\_\_\_