



St Patrick's Parish School, Cooma Notification of an Excursion

Dear Parents/Guardians,

The School would like to inform you of an excursion that has been arranged for your child's participation. The details are as follows:

Title of Excursion and Area of learning	Archdiocesan Basketball Championships PDHPE	
Purpose for the excursion	Representative sport event	
Date/s of excursion	Tuesday 29 May, 2018	
Destination	Tuggeranong Basketball Stadium, Tuggeranong, ACT	
Organising Teacher	Mr Tim Lawley	
Depart School	7.15am	
Return to School	5pm	
Transportation	Bus	
Cost	\$50.00 per student (transport and venue hire)	Final date for payment to Office Wednesday 23 May 201
Special requirements or equipment	1. Bring food and water for the day 2. Students need to bring their own strapping tape if required.	
Dress code	Full PE uniform with sports shoes.	
Contact details	Mr Tim Lawley 6452 1721	

If you agree to your child attending this excursion, please complete the attached Consent Form and return it to the School by Wednesday 23 May. You are welcome to contact the School on 6452 1721, if you have any further queries.

Yours sincerely

Frances Robertson
Principal

Tim Lawley
Teacher in Charge

I _____	permit _____	_____
<i>(Name of Parent)</i>	<i>(Name of Student)</i>	<i>(Homeroom)</i>
to take part in _____ on _____		
<i>(Title of excursion)</i>		<i>(Date of excursion)</i>
<p>I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I delegate my authority to the supervising staff involved in the excursion. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students.</p> <p>In the event of illness or an accident that requires medical attention, I permit supervising staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. This may include the cost of an ambulance.</p>		
Signature of Parent: _____		Date _____
Contact Numbers: Home: _____ Work: _____ Mobile: _____		
<p>PAYMENT DETAILS: I enclose Cash/Cheque payable to St Patrick's Parish School, Cooma, OR please deduct \$ _____ from my Visa/Mastercard No. _____ Expiry: __ / __</p>		
Signature: _____		

Excursion Consent and Medical Information Form

I _____ permit _____ of _____
(Name of Parent – printed) (Name of Student) (Homeroom)
to take part in _____ on _____
(Title of excursion) (Date of excursion)

I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I delegate my authority to the supervising staff involved in the excursion. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students as a group and individually. If a student fails to comply with regulations, arrangements and/or the spirit of the excursion, it may be necessary for him/her to return home. I understand that this expense will be my responsibility.

In the event of illness or an accident that requires medical attention, I permit supervising staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. This may include the use of an ambulance.

I further authorise qualified practitioners to administer anaesthetic, if such an eventuality necessitates it.

Signature of Parent: _____ Date: / /

Contact Numbers: Home: _____

Work: _____ Mobile: _____

MEDICAL INFORMATION:

(Students are not permitted to participate in an extended excursion without this information)

1. Medicare Number _____ Expiry Date _____

Are you a member of a Private Health Fund? **NO** [] **YES** [] Please specify below.

Name of Health Fund: _____

Number: _____

2. Does your child have any medical condition/s that may affect his/her safety during an excursion?

(Eg. asthma, fainting, seizures, allergies, diabetes, reaction to drugs, headaches)

NO [] **YES** [] Please specify below, outlining an emergency treatment plan. Be specific about any allergies.

3. Will your child be carrying and/or self-administering any medication in relation to the condition/s listed above? Parents are requested to make arrangements with the teacher-in-charge for safekeeping and handling of prescribed medications prior to the excursion.

NO [] **YES** [] Please specify, outlining the management plan below.

4. Please provide any other information about your child which may enable the organisers of the excursion to provide better care for your child. This includes dietary requirements.
