



**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	Cooma Colts League Tag competition Extra-curricular sporting event.	
Purpose for the excursion	To allow students to play league tag in a competitive environment. League tag is the non-contact form of rugby league.	
Date/s of excursion	Tuesday 18 September, 2018	
Destination	Cooma Showground	
Supervising Teacher/s	Tim Lawley	
Time and place of departure	Depart school at 9am	
Time and place of return	Arrive back at school at 2.30pm	
Transportation	Walking	
Cost	Nil	
Special requirements or equipment	Football boots are optional.	
Dress code/equipment	Students are to wear full PE uniform. There will be limited canteen facilities available on the day.	
Contact details	Mr Tim Lawley – 6452 1721	

If you agree to your child attending this excursion, please return the attached permission note, medical form and permission to play league note to the school office before Monday 17 September 2018. You are welcome to contact the School on 6452 1721, if you have any further queries.

Frances Robertson
Principal

Tim Lawley
Teacher in Charge



St Patrick's Parish School, Cooma

Excursion Consent and Medical Information Form

I _____ permit _____ of _____
(Name of Parent - printed) (Name of Student) (Homeroom)

to take part in **Cooma Colts League Tag Competition on Tuesday 18 September 2018**

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.

