



Erskine Park High School

Pride In Achievement

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Excursion Permission Note

Date: _____

Dear Parent or Caregiver

An excursion to: _____

For: _____ on: _____

The excursion has been planned to supplement work being done in the areas of:

Cost: _____ Payment to be finalised by: _____

The excursion will depart from: _____ at _____

The students will return to: _____ at _____

The students will travel by: _____

The students are to wear: _____

Students will need the following items on this excursion:

Food and drink from home Food and drink from shop Other: _____

Teacher with First Aid is: _____

Teachers attending the excursion: _____

The students not attending the excursion will: _____

Student assistance for this activity, where available, can be accessed via the Principal.

Please complete the details below and return by: _____

_____ Excursion Co-ordinator	_____ Head Teacher -	_____ Mr N Doidge Deputy Principal
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EXCURSION CONSENT FORM – Detach and return to: _____

I consent to my child _____ in Year _____ participating in an excursion to _____ on _____

I give / do not give permission for my child to receive medical treatment in case of an emergency.

Special Needs (example: allergies, medication) YES NO

If yes, please provide details _____

This is important information as the organising teacher may not be aware of any special needs information that you have provided at enrolment, or they may have changed since that time.

Name of emergency contact on the day: _____ Phone: _____

Parent/Guardian signature: _____ Date: _____