Erskine Park High School

Pride In Achievement

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Excursion Permission Note

Date: 26th June 2019

Dear Parent or Caregiver

An excursion to: **Melanoma Institute Australia**

For: **Year 8 and 9**   on: **Wednesday 18th June 2019**

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

Cost: **$10.00 – Opal Card**   Payment to be finalised by: on the day

The excursion will depart from: St Mary's train station   at: 8.00am
The students will return to: St Marys train station   at 2.40pm
The students will travel by: Train
The students are to wear: Full school uniform

Students will need the following items on this excursion:

Food: ☑ Food and drink from home   ☐ Food and drink from shop   ☐ Other:

Teacher with First Aid is: Mr D Lindsay

Teachers attending the excursion: Mr D Lindsay

The students not attending the excursion will: Attend normal classes

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

Please complete the details below and return by: **17th September 2019**

_____   _____   _____
Mr D LIndsay   Mr P Naicker   Mr N Doidge
Excursion Co-ordinator   Head Teacher – PDHPE   Deputy Principal

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EXCURSION CONSENT FORM – Detach and return to: Mr Lindsay – PDHPE Faculty

I consent to my child ……………………………………………. in Year …………. participating in an excursion to The Westmead Institute for Medical research Westmead on Wednesday 18th of September 2019.

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:……………………………