



Erskine Park High School

Pride In Achievement

78-82 Swallow Drive, Erskine Park NSW 2759
Website: erskinepk-h.schools.nsw.gov.au

Phone: 9834 3536 Fax: 9834 3864
Email: erskinpk-h.admin@det.nsw.edu.au

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

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: _____