



Excursion Permission Form

Excursion Information		
Excursion To:		
Date:	Time of Departure:	Time of Arrival:
Students will stop over: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Child's Full Name:		
Class:	Cost:	

Excursion Details	
Travel will involve: <input type="checkbox"/> Walking <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Car	Child is required to bring: <input type="checkbox"/> Cut Lunch <input type="checkbox"/> Drink <input type="checkbox"/> Sports Uniform (Jacket) <input type="checkbox"/> Hat (Compulsory Term 1 & 4) <input type="checkbox"/> Other:

*I **will/will not** (please circle) give permission for my child to go on this excursion. I authorise the teacher-in-charge of this excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.*

*To assist in the provision of any possible medical or hospital treatment, **please note any information that should be known (eg. allergies, asthma, medication, etc...)***

Emergency Contact (Parents/Guardian)	
Name of Contact 1:	Name of Contact 2:
Address:	Address:
Contact No.:	Contact No.:
Signature of Parents/Guardian:	Date:
Students to return this form to your Homeroom Teacher by:	