



EXCURSION PERMISSION NOTE

Excursion Title:	School Athletics Carnival
Organising Teacher:	Child
Teachers Attending:	All
Date/s:	Wednesday 10th April
Venue/s:	Campbelltown Athletics Stadium
Departure Time/s:	8.45am
Return Time/s:	2.45pm
Departing From:	RTHS
Returning To:	RTHS
Student Travel Arrangements:	Bus ALL Students must travel by bus
Uniform:	Sports Uniform
Other Information:	This is a whole school event, so you are required to attend. Attend school normal time and buses will take students to and from the venue. Canteen is available.
Total Cost:	\$8 for 1 student, \$12 for 2 siblings, \$15 for 3 siblings.
Payment/Note Due Date:	08/04/2019

Payment and notes must be in by the due date and will not be accepted after the cut off date .



PERMISSION NOTE: School Athletics Carnival

Excursion Code:41262

\$8 First Student

\$12 for 2 siblings

\$15 for 3 siblings

☐ STUDENT 1: _____

ROLL CALL: _____

☐ STUDENT 2: _____

ROLL CALL: _____

☐ STUDENT 3 : _____

ROLL CALL: _____

PAYMENT:

(Please enter Excursion Title into **"Payment Description"** if paying online)

☐ I have made an Online Payment. My receipt number is _____
and was paid on _____

☐ I understand that if travel is by public transport and my child will bring their own Child OPAL card.
(School OPAL cards **cannot** be used for excursions)

MEDICAL INSURANCE

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to access the level and extent of their child's involvement in the sport program offered by the school, school zone, area and state school sport association when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance cover is available through normal retail insurance outlets.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

MEDICAL INFORMATION

Is the student taking permanent or temporary MEDICATION? YES ☐ NO ☐

If yes, please provide details:

I the undersigned, being the PARENT/GUARDIAN of the above named student of Robert Townson High School, hereby give my full consent to HIS/HER attendance on the excursion detailed on the Excursion Information Sheet, and to travel to and from the excursion venue. I further assign full authority to the Teacher-in-Charge to seek medical aid should the need arise.

Attendance on this excursion is dependent upon:

1. Payment for the excursion being made in advance.
2. The student's dress being as indicated on the Information Sheet.
3. The understanding that refunds can only be made in exceptional circumstances.

I give permission for my child's photograph to be taken and used on the school website: YES / NO

Signature of Parent/Guardian

Date