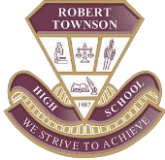


EXCURSION PERMISSION NOTE

Excursion Title:	Athletics Carnival
Educational Rationale:	Sport
Year / Group Involved:	Year 7, Year 8, Year 9, Year 10, Year 11, Year 12
Organising Teacher:	Mckenzie
Teachers Attending:	Whole Staff
Date/s:	March 4th Thursday
Venue/s:	Campbelltown Athletics Centre
Departure Time/s:	8.45
Return Time/s:	2.45
Departing From:	School
Returning To:	School
Student Travel Arrangements:	Bus
Uniform:	Sport Uniform/ House Colours
Other Information:	ALL STUDENTS MUST TRAVEL BY BUS TO AND FROM SCHOOL
Cost of Activity:	\$10
Cost of Transport:	
Total Cost:	\$10
Payment/Note Due Date:	01/03/2021



Excursion Code: _____

PERMISSION

NOTE:

Athletics

Carnival

STUDENT: _____

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