



Dear Parent / Carer,

**PARENT INFORMATION AND CONSENT FORM  
FOR INTRA STATE SCHOOL EXCURSION**

I am pleased to provide you with the following details regarding our YEAR 7 WACA TRAINING 2019 excursion. This excursion has been planned to supplement the work being completed in your child's classroom. If you give consent for your child to attend the excursion outlined below, please complete the permission slip attached and return it to the college with the appropriate payment. Failure to return the *Parent/Carer Consent Form* by the due date may result in your child being excluded from this excursion.

YEAR 7 WACA TRAINING 2019				
<b>Purpose of Excursion:</b>	Students to implement cricket training in indoor playing conditions.			
<b>Venue:</b>	WACA Grounds, Nelson Cres, East Perth			
<b>Travel will be by:</b>	College Bus			
<b>Itinerary</b>	<b>Depart JFSC:</b>	13:35	<b>Arrive Venue</b>	14:00
	<b>Depart Venue:</b>	15:45	<b>Arrive JFSC</b>	14:10
<b>Date of Excursion</b>	Tuesdays during Term 2 and 3 2019: 30 April, 1, 14, 21 & 28 May, 4, 11, 18 & 25 June, 2, 23 & 30 August, and 3, 10, 17 & 24 September 2019			
<b>Number of Students attending:</b>	19			
<b>Cost per Student</b>	\$0 <i>(Please Note</i> It is expected that any outstanding college charges are paid in full prior to the departure date of this excursion.)			
<b>Members of Supervisory Team:</b>	Mr S Davis			
<b>Staff Member with CPR and/or first aid training is:</b>	Mr S Davis			
<b>Activities to be undertaken:</b>	Cricket Training			
<b>Special clothing or other items required:</b>	Sports uniform, cricket equipment, water bottle, Lunch.			
<b>Contact arrangements during the excursion:</b>	JFSC Front Desk – 9473 4000			

Yours sincerely

Sam Davis  
**TEACHER IN CHARGE**

Melissa Gillett  
**PRINCIPAL**

9 April 2019



**CONSENT FORM FOR SCHOOL EXCURSION**

**YEAR 7 WACA TRAINING 2019**

*(To be signed and returned to Mr S Davis, Teacher-in-Charge, Health and Physical Education Learning Area, by:  
Tuesday 30 April 2019.)*

Student Name: \_\_\_\_\_

I confirm that the college has been notified of any medical conditions or illnesses that may affect my child.

**I require a Student Health Care Summary form to update my child's medical conditions.**

*(Please contact the college on T: 9473 4013 if you require a Student Health Care Summary form).*

If the proposed excursion poses any additional health risks to those identified in the *Student Health Care Summary*, eg if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline additional health risks below:

\_\_\_\_\_  
\_\_\_\_\_

I have read and understood the information regarding the intra state excursion to **WACA on Tuesdays during Term 2 and 3 2019** and give my consent for \_\_\_\_\_ to participate.

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the college and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the college or its employees are proven to be negligent.

Signature of Parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_