



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 7/8 Netball Team 1. 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 7/8 SSWA Netball Inter-zone Final Excursion				
Purpose of Excursion:	Students will have the opportunity to compete against a like school demonstrating skills and strategies under pressure where decision making will be tested.			
Venue:	Ursula Frayne Catholic College			
Travel will be by:	College Bus			
Itinerary	Depart JFSC:	3.00pm	Arrive Venue	3.30pm
	Depart Venue:	5.00pm	Arrive JFSC	5.30pm
Date of Excursion	Monday 24 June 2019			
Number of Students attending:	12			
Cost per Student	Nil <i>(Please Note</i> It is expected that any outstanding college charges are paid in full prior to the departure date of this excursion.)			
Special Clothing or other items required:	Netball playing uniform, college track suit top and water bottle. Student will change into JFSC uniform on returning to college.			
Members of Supervisory Team:	Diane Papas			
Staff Member with CPR and/or first aid training is:	Diane Papas			
Activities to be undertaken:	Competitive netball game.			
Contact arrangements during the excursion:	Students details and emergency information with supervisory staff at all times.			
Overnight Excursion Advice:	N/A			
Water Based Activities Advice:	N/A			

Yours sincerely

Diane Papas
TEACHER IN CHARGE

Melissa Gillett
PRINCIPAL

10.6.19



CONSENT FORM FOR SCHOOL EXCURSION

Year 7/8 SSWA Inter-zone Netball Final Excursion

(To be signed and returned to Netball Teacher, Phys Ed Learning Area, by: Wednesday 19 June 2019)

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 **Ursula Frayne Catholic College** on **Monday 24 June 2018** and give my consent for _____ to participate.

(Print students full name)

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: _____