

Information Re: Poetry in Action incursion 2019

Dear Parent/Carer,

Your child has been offered the opportunity to participate in the following extra-curricula activity. As is normal procedure, student behaviour is expected to be of the highest quality and students should attend the day in the knowledge that they are representing our school.

Event/Excursion Name: Poetry in Action incursion (Year 7 and 8)
Location/s: Wadalba Community School
Excursion Date: Thursday 26th September 2019
Closing Date: 28th March 2019
Period of Time: 1.30pm – 2.30pm
Mode of Travel: N/A
Breakdown of Cost: \$9.50 (non-refundable)
Event Organiser: T.Wirz / K.Jones

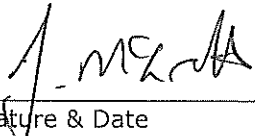
Purpose of the excursion:

To engage students in performance poetry that will relate to the units they are studying in class.

Additional comments:

Students are to wear full school uniform.

This activity has the support of the Principal.



Signature & Date

Please return your form to the organising Staff member listed above.



Wadalba Community School

Extra Curricula Permission Note

Name of Parent/carer: _____

I hereby consent to my child _____ of Roll Class _____ to participate in an excursion to **Poetry in Action incursion on 26th September 2019.**

Photographs & Images

I give permission for my child's given name and/or image to be published in school communications relating to this excursion.

Medical Information

In giving permission for my child to attend I understand that all sections below must be completed.

My child **does/does not** suffer from any medical condition. (If so, please attach details of the medical management program which he/she follows)

My child **does/does not** suffer from an allergy. (If so, give details of any allergies your child suffers)

In what year was your child last immunised against tetanus? _____

Is there any other information we may need to be aware of that may impact on the activity being undertaken?

Student's Medicare Number: _____

I understand that in the case of an emergency, staff will make contact with the ambulance service and/or hospital.

Signature: _____

Date: _____

Emergency Contact for day of excursion

Name: _____

Ph. _____

Coordinating Teacher: Wirz / Jones