



Information Re: Extra Curricula Event

Dear Parent / Caregiver,

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: Aboriginal Numeracy Competition
Location/s: The Entrance High School
Date: Monday 26th November 2018
Period of Time: 8 am -2.30 pm
Mode of Travel: Staff Cars/ mini bus
Breakdown of Cost: Nil
Event Organiser: S Garland

Purpose of the excursion:
To represent Wadalba Community School

Additional comments:
Students are to wear full school uniform.

This activity has the support of the Principal.



Signature

Please return your form to the organising staff member as listed above.



Wadalba Community School

Extra Curricula Permission Note

Name of Parent / caregiver: _____

I do / do not give consent to my child _____ of Roll Class _____ to participate in an excursion to **Aboriginal Numeracy Competition on Monday 26th November 2018.**

Transport

Please indicate how your child will be travelling to/from this event:

- The Coach/Bus arranged by school.
- Public Transport (ie. Train) arranged by school.
(Students over the age of sixteen years are reminded that Concession Passes are required to obtain the student travel rate. Passes are available, upon application, from the school's administration office).

or:

- I will be transporting my own child: Yes / No (Please circle)
- I give permission for my child to travel with: _____
- If transporting students other than your own child, the DET requires you to name those students and submit the following documents:
- A copy of comprehensive insurance
 - A copy of registration certificate
 - A copy of driver's licence
 - A completed Prohibited Person's Declaration (attached)

Student(s) travelling with me: _____

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. _____