

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: Macquarie University Year 7 Visit
Location/s: Macquarie University
Date: Wednesday 18th September, 2019
Period of Time: 8.00am-3.00pm
Mode of Travel: Bus
Breakdown of Cost: \$39
Event Organiser: E.Blanchfield

Purpose of the excursion:

Students will participate in an interactive guided tour of Macquarie University Museum and a hands-on investigation of ancient artefacts. Students will have the opportunity to try their hand at the many tasks of an archaeologist by engaging with human remains, ceramic material, coins, inscriptions, organic remains and more. This allows students to develop their skills of historical enquiry, problem-solving, deductive reasoning and creative thinking in order to draw meaning from the sources.

Additional comments:

Students are to wear full school uniform and bring their own lunch. There will be an opportunity to purchase food.

This activity has the support of the Principal.



Signature

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



WADALBA
COMMUNITY SCHOOL

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 **Macquarie University Museum Visit on Wednesday 18th September, 2019.**

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:
 - Child Protection Declaration (Appendix 5) for volunteers plus 100 points ID completed at Admin office
 - A copy of Comprehensive Insurance for appropriate vehicle
 - A copy of Registration Certificate for appropriate vehicle
 - A copy of Driver's Licence for person driving students

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. _____