



SCHOOL EXCURSION / INCURSION NOTIFICATION

Dear Parent/Caregiver, an excursion/activity has been organised for your child.

Excursion / Incursion	Bill Turner Cup
Date	Friday 17th May 2024
Year / classes involved	Bill Turner Cup Team
Location	Daniel Street Park
Purpose	Under 15s Boys Bill Turner Cup team Vs St Pauls Greystanes
Start time	1:00pm
End time	3:30pm
Transport	Mini Bus
Cost	No cost
Dress requirements	N/A
Food	Nil
Equipment	Shin pads, soccer boots
Organising teacher	Andrew Riccardi
Teachers attending	Andrew Riccardi
Additional information	N/A
Emergency Contact Number	0434 568 686
Consent Form and Payment due to Office by	Friday 17th May 2024

General Information Concerning Excursions / Incursions

1. Excursions and Incursions form an integral part of the curricula by providing enriching experiences which cannot be provided in the classroom.
2. Students must wear full school uniform unless otherwise instructed above. Students who are not in uniform will not be allowed to attend.
3. A standard of behaviour is expected of all students representing the school in the greater community.
4. Please note the time and place of departure and return, as advised above.



EXCURSION / INCURSION PERMISSION FORM

Please return this permission form to the Office

Excursion / Incursion	Bill Turner Cup
Date	Friday 17/05/2024 1:00pm - 3:30pm
Location	Daniel Street Park
Cost	No cost
Organising Teacher	Andrew Riccardi

I give permission for (student name) _____

of year/class _____ to participate in this excursion / incursion.

I have noted the start and end times and dress requirements.

Additional needs of my child of which you should be aware: eg. allergies or medical conditions

Medical Assistance: In the event of any accident or illness, I authorise the teacher in charge to seek medical assistance or treatment for my child at my cost.

Parent signature: _____

Parent name: _____

Parent phone number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Parent/Carer Acknowledgement:

• I can confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school activities.

• In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility for expenses incurred.

Student Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

- **Please return this consent form to the Office**
- **Tear off and keep previous page for your information**