



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Metella Road Public School Athletics Carnival
Date	Thursday 18th August 2022
Year / classes involved	Selected Year 8 & Year 9 Students
Location	CV Kelly Park Girraween
Purpose	Students will assist with the running of Primary School athletics carnival
Start time	8:40am
End time	2:30pm
Transport	Parents are required to make arrangements to drop students off and pick them up
Cost	No cost
Dress requirements	PDHPE Uniform
Food	Students are to bring their own food. A small canteen may be available, however students will be working on events.
Equipment	N/A
Organising teacher	Peter Williams
Teachers attending	N/A
Additional information	Students will be under the supervision of staff from Metella Road Public Road. There will be no staff from Greystanes High School present. Students are to report to Stuart O'Neill.
Emergency Contact Number	02 96319144
Consent Form and Payment due to Office by	Tuesday 16th August 2022

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	Metella Road Public School Athletics Carnival
Date	Thursday 18th August 2022
Location	CV Kelly Park Girraween
Cost	No cost
Organising Teacher	Peter Williams

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.

I acknowledge that this event / activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and / or if directed to isolate under public health orders.

Parent signature: _____

Parent name: _____

Parent phone number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

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