



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Zone Athletics Carnival Helpers
Date	Tuesday 30th May 2023
Year / classes involved	Year 10 - 11
Location	Blacktown International Sports Park
Purpose	Zone Athletics Carnival Helpers
Start time	8:30am
End time	2:30pm
Transport	Students to make own way to venue with parent OR optional bus provided leaving Greystanes High School at 7:30AM , \$8 or bus card.
Cost	No cost
Dress requirements	Sport Uniform
Food	Canteen provided or bring own food
Equipment	N/A
Organising teacher	Rohan Scanes
Teachers attending	Rohan Scanes, Karen Scanes, Peter Williams, Hayden Newell, Michelle Gay
Additional information	\$8.00 payable to D Block Office - if students are catching the Mini Bus
Emergency Contact Number	0419 598 146
Consent Form and Payment due to Office by	Monday 29th May 2023

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	Zone Athletics Carnival Helpers
Date	Tuesday 30/05/2023 8:30am - 2:30pm
Location	Blacktown International Sports Park
Cost	No cost
Organising Teacher	Rohan Scanes

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 (P.T.O)**
- **Tear off and keep previous page for your information**