



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Police Open Day at Cabramatta Police Station
Date	Friday 10th May 2024
Year / classes involved	Select students
Location	Cabramatta Police Station
Purpose	This is a unique opportunity for students looking at pursuing a career with the NSW Police Force, giving them an opportunity to engage and receive first hand information and experience from local police officers.
Start time	10:45am
End time	1:30pm
Transport	N/A
Cost	No cost
Dress requirements	N/A
Food	N/A
Equipment	N/A
Organising teacher	Tania Kriz
Teachers attending	Tania Kriz
Additional information	N/A
Emergency Contact Number	0477 717 464
Consent Form and Payment due to Office by	N/A

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	Police Open day at Cabramatta Police Station
Date	Friday 10/05/2024 10:45am - 1:30pm
Location	Cabramatta Police Station
Cost	No cost
Organising Teacher	Tania Kriz

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**