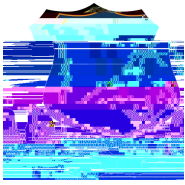





Mr David Arblaster  
Principal



## EXCURSION / INCURSION PERMISSION FORM

Please return this permission form to the Office by 26th February 2021

<b>Excursion / Incursion</b>	Year 10 History Incursion- Holocaust
<b>Date</b>	Monday 01/03/2021 8:40am - 3:00pm
<b>Location</b>	Classrooms
<b>Cost</b>	Free
<b>Organising Teacher</b>	Fiona Hunziker

I give permission for (student name) \_\_\_\_\_

of year/class \_\_\_\_\_ to participate in this excursion / incursion.

**I have noted the start and end times, transport arrangements 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:** \_\_\_\_\_

- **Please return this consent form to the Office by 26th February 2021**
- **Tear off and keep previous page for your information**