**EXCURSION PERMISSION NOTE**

**Cricket – Davidson Shield: RAP versus Leeton High School**

Dear Parent/Guardian

Your son / ward will be attending an excursion to Leeton High School on the Friday 23rd March 2012.

This excursion has been designed to supplement the work being done in the classroom.

The cost of the excursion is $5 petrol contribution (extra if buying lunch)

The class will depart from Oaklands at 8am

and return to Oaklands in the afternoon.

Telephone: (02) 6963 9202 Barellan Central School

The group will be supervised by Miss Jessica Rees of Barellan Central School

Additional Information:
Time: Arrive at 9.30am, game starts 10:00am
Transport is parental. It is hoped parents could take turns driving the students to the matches.
Uniform: students need to wear cricket whites
Required Equipment: own cricket gear (Barellan SC school equipment will be supplied for students that don't have any), joggers, hat, sunscreen, water bottles
Food: bring recess, Leeton High School canteen will be available for lunch – lunch orders will be taken on the day before the game

[Signature]
Head Teacher Secondary Studies

29/2/2012

Miss Jessica Rees
Teacher in Charge

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**PLEASE COMPLETE AND RETURN TO SCHOOL BY MONDAY 19TH MARCH 2012**

I hereby consent to my son / ward __________________________ participating in an sporting excursion to Leeton High School on Friday 23rd March 2012.

Special needs of the child you should be aware of are: (eg. allergies, etc.)

[Signature]
Parent / Guardian

[Signature]
Date
In the unlikely event that my/our child should need medical attention, I give permission for the teacher in charge to seek medical attention and/or ambulance attention to assist my child. 

YES / NO

I also undertake to pay medical fees and/or cost of drugs which may be incurred while my child is under care of the teacher.

Medicare Number: 

Private Health Fund: 

I/we agree to my child's attendance at the previously mentioned excursion and to his/her taking part in any activities arranged for the students in connection with the previously mentioned activity, that has been approved by the Principal.

_________________________________________  ________________________________________
Parent/Guardian                                            Date

Parent/Guardian Contact Details

Name: 

Address: 

Telephone: 

Medical Information

Does your child/ward suffer from any chronic illness or disability? YES/NO
Is so what?

_________________________________________

Is he/she taking any medication at present? YES/NO
If so what?

_________________________________________

Does he/she suffer from

(a) Asthma? Yes / No
(b) Diabetes? Yes / No
(c) Epilepsy, fits or blackouts? Yes / No
(d) Any allergies? Yes / No ____________________________