

St. Mary's Primary School Wheelers Lane, PO Box 4141, Dubbo NSW 2830

Tel: 02 6882 4790 Fax: 02 6884 4525

EXCURSION CONSENT FORM

Dear Parent/Guardian

Please note the follow	ng information regard	ling a school excursion	involving students
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Please note the following information regarding a school excursion involving students				
To: Dubbo Christian School	Relevant KLA			
	Music			
Organisers: Mr Paul Dunn	Staff accompanying students: Mrs Danielle Dann			
Transport: Bus				
Excursion Details: The purpose of the day is for students to participate in a workshop to develop their				
music skills. Students will have the opportunity to join with students from the Christian school and				
other Dubbo catholic schools. Students will need to bring their instrument, recess and lunch.				
Date and Time of arrival: Monday 8th May	Date and time of conclusion: Monday 8th May			
9:30am	1:30pm			
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Consent form due: Friday 5th May	Dress Required: Sport Uniform			
Note: It is school policy that individual students must be cooperative and follow school rules in the lead up time to				
excursions and sports fixtures. Failure to do so will lead to a student being excluded from the privilege of an excursion.				
In case of an emergency only contact the school on Ph 6	8824790 or Mobile 0428537 678			
Please contact the school if you require further informat	ion regarding this excursion.			
Yours in Christ,				
Principal				
	#			
STUDENT INFORMATION				
I give consent for to participate in the music workshop organised by Mr Paul Dunn and held at Dubbo Christian School on Monday 8 th May.				
Parent/Guardian name:				
Address:				
Phone: Home				
Child's date of birth:				
My child suffers from a medical condition / allergy that requries the following medication:				
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I authorise staff to obtain medical, ambulance or anaesthetic attention if it is deemed necessary. I understand that uncooperative behaviour may lead to my child's exclusion from the excursion. I acknowledge that, for any excursion offered by the school, my child attends at his/her own risk.				
Medicare Number:				
Private Membership FundNumber:				
Signed	<u>Date</u>			