



St. Mary's Primary School
 Wheelers Lane, PO Box 4141,
 Dubbo NSW 2830
 Tel: 02 6682 4790 Fax: 02 6884 4525
EXCURSION CONSENT FORM

Dear Parent/Guardian

Please note the following information regarding a school excursion involving the Year 6 students

To: Year 2 Parents		Relevant KLA: PDHPE
Organisers: Elizabeth McGann	Staff accompanying students: Elizabeth McGann, Margaret O'Connor, Justine Foley and Annie Lambell	
Venue: Dubbo Veterinarian Hospital	Transport: Bus	Cost: \$0:00
Excursion Details: Dubbo Veterinarian Hospital in Macquarie street		
Date and Time of departure from school: Friday 25 th August 10:30 am	Date and anticipated time of return to school: Friday 25 th August 12:00 pm	
Consent form due: Thursday 24th August	Dress Required: sports 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 68824790 or Mobile 0428537 678. Please contact the school if you require further information regarding this excursion.
 Yours in Christ,

Principal

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STUDENT INFORMATION

I give consent for..... from Year 2
 to attend a *Dubbo Veterinarian Hospital in Macquarie Street Friday 25th August*

Parent/Guardian

name:.....Relationship.....

Address:.....

Phone: HomeWorkMobile.....

Child's date of birth:.....My child is allergic to:.....

Please let us know if your child has a phobia to animals

My child suffers from a medical condition / allergy that requires the following medication:

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 Fund.....Number:.....

Signed.....

Date.....