



PRINCES HILL SECONDARY COLLEGE

Permission Notification Report

Student Name: _____ **Home group:** _____

Name of excursion: _____ **Date:** _____

Cost: _____ **Details of excursion:** _____

Special needs: _____

Transport method: _____ **Teacher in charge:** _____



Tear off slip

Name of Excursion: _____ **Date:** _____

Teacher in charge: _____

Student Name: _____ **Home group:** _____

Medical conditions: _____

Home phone: _____ **Medicare Number:** _____

Doctor Name: _____ **Phone:** _____

Adult A Business Hour Telephone: _____

Adult B Business Hour Telephone: _____

Emergency contact number for this excursion: _____

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian _____ Date: _____