



St Bernadette's Catholic Primary School
 2 Willey St
 Sunshine North Vic 3020
 Ph: 039311 8872
 E: principal@stbsunshinenh.catholic.edu.au
 ABN: 54 744 343 007

21st June 2019

EXCURSION PERMISSION FORM

Year 6 - Mary Mackillop Heritage Centre and St Patrick's Cathedral

DATE: Friday 2nd August 2019 - Year: 6 Students
VENUE: Mary Mackillop Heritage Centre and St Patrick's Cathedral
DEPARTURE: 9am **RETURNING:** 2.00pm
TRANSPORT: Bus


CHILDREN WILL NEED TO:

WEAR THEIR: Full Winter School Uniform
BRING THEIR: Snack, lunch and water bottle in small back pack (no glass bottles/containers) and Asthma Pump/other medications for the day.

PURPOSE OF THE EXCURSION:

A time for all Year 6 students to reflect together on what they have learnt about the Sacrament of Confirmation. They will learn about St. Mary of the Cross who was guided by the Holy Spirit in the work that she did to help others.

Thank you.


 Mrs Joanne Webster
 Principal


 Miss Amanda Browne
 R.E. Leader

1. ALL asthmatic children MUST bring their asthma pump to all excursions.
2. Children with allergies MUST have appropriate & up to date medical action plans submitted to the school, prior to excursions.



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RETURN THIS SECTION TO THE CLASS TEACHER By Friday 28th June

PARENTAL APPROVAL

I give approval for my child _____ of Year ____ to take part in the excursion to **MARY MACKILLOP HERITAGE CENTRE AND ST PATRICK'S CATHEDRAL.**

* Please note the following medical information related to my son/daughter taking part in this excursion:

PARENTS'/GUARDIANS NAME: _____

PARENTS'/GUARDIANS SIGNATURE: _____ DATE: _____

CONTACT TELEPHONE NUMBER ON THE DAY: _____

MEDICAL CONSENT FORM:

Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorize the teacher in charge of the excursion or activity to:

- Consent to my child receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;
- administer or consent to such first aid as the teacher in charge of the excursion may consider to be reasonably necessary in the event of any illness or accident.

I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

Name: Date:

Signature:

EMERGENCY CONTACT:

1.PHONE NO:

2.PHONE NO: