



St Bernadette's Catholic Primary School

2 Willey St

Sunshine North Vic 3020

Ph: 039311 8872

E: admin@stbsunshinenth.catholic.edu.au

ABN: 54 744 343 007

EXCURSION PERMISSION FORM

17th May 2021

DATE OF THE EXCURSION: Thursday 17th June 2021
VENUE: Sovereign Hill
TRANSPORT: Bus
DEPARTURE FROM SCHOOL: 9.00am **RETURNING:** 4:00pm

STUDENTS WILL NEED TO:

- WEAR THEIR: PE School Uniform.
- In a small bag bring their LUNCH, SNACK and WATER BOTTLE (No glass). Please do not bring large backpacks as there will be no space to store them.

Proposed planned itinerary including travel

Time	Venue	Planned activity
9am	St Bernadette's Catholic Primary School	Departure
10am	Sovereign Hill - Ballarat	Activity Group
10:30am	Explore Sovereign Hill	Main Street Tour Gold Pouring Demonstration Panning for Gold Educational Lesson Red Hill Mine Tour
3pm	Sovereign Hill - Ballarat	Departure
4pm	St Bernadette's Catholic Primary School	Arrival

Brendan Gill
Principal

Shruti Lad
Yr 6 Teacher

James Reitmaier
Yr 6 Teacher

Elise Casamento
Yr 5 Teacher

Emma Scerri
Yr 5 Teacher

1. ALL students with asthma MUST bring their asthma pumps to all excursions
2. Students with allergies MUST have appropriate & up to date medical plans submitted to the school, prior to excursions.
3. PLEASE ENSURE ALL DETAILS ARE CORRECT AS WITHOUT YOUR PERMISSION YOUR CHILD CANNOT ON THE EXCURSION.



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RETURN THIS SECTION TO THE CLASS TEACHER: By Friday 4th of June, 2021

I give approval for my child _____ in Year _____ to take part in the excursion to _____. Please note the following medical information related to my child who is taking part in the excursion:

PARENTS/GUARDIAN'S NAME: _____

PARENTS/GUARDIAN'S SIGNATURE: _____ DATE: _____

CONTACT TELEPHONE NUMBER ON THE DAY: _____

MEDICAL CONSENT FORM:

Where I am unable to be contacted or it is otherwise impractical for me to be contacted, I authorise the teacher in charge of the excursion 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 all expenses incurred in relation to such treatment and any emergency transportation required.

Name:..... Date:.....

Signature:.....

EMERGENCY CONTACT:

1..... PHONE NUMBER:.....

2..... PHONE NUMBER:.....

Please ensure ALL details are correct as without your permission your child cannot go on the excursion.