



St. Joseph's Primary School

29th January, 2018

Dear St. Joseph's School Families,

Re: EXCURSION PERMISSION FORM FOR 2018

Over the course of the school year our classes regularly use some local off site venues for our school programs. Each year we assess the risk of using these venues to ensure the safety for each student. This letter is informing you of the venues we will be using in 2018.

We are writing to seek permission for your child to use the venues that are listed below. A permission note is attached to this letter and it is a requirement for families to complete one for each child to ensure that they are able to attend these venues.

The permission form sent home covers the accessibility to the following venues or areas-

1. Botanical Gardens for shared lunches and class learning activities,
2. St. Joseph's Church to attend school masses, special liturgies or pastoral activities in the Church gathering space and,
3. Several venues for the purpose of Emergency Evacuation Practices. These venues are listed as well-

- Allan Oval Clubrooms, Bromfield Street, Warrnambool, (Evacuation)
- St. Joseph's Church, Lava Street, Warrnambool, (Long Term Evacuation)
- Botanical Gardens, Botanic Road, Warrnambool, (Flood Evacuation)
- Emmanuel College Senior Campus, Canterbury Road, Warrnambool (Long Term Evacuation)

Please read the attached permission form carefully and return it signed to the school office by Friday 2nd February, 2018.

Regards,


Michael Gray.
Principal.

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Warrnambool 3280
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ST JOSEPH'S PRIMARY SCHOOL EXCURSION

LOCAL OFF SITE ACCESS FORM

Please note prior to the excursion the school will access advised weather conditions and if any change you will be notified the day before after 1.00p.m.

Before taking a student on an excursion to the below listed venues outside the school we request the following information. Please sign and return this form to the school office by Friday 2nd February, 2018.

1. Botanical Gardens for shared lunches and class learning activities,
2. St. Joseph's Church to attend school Mass, special liturgies or pastoral activities in the Church gathering space and,
3. Several venues for the purpose of Emergency Evacuation. These venues are listed below-
 - Allan Oval Clubrooms, Bromfield Street, Warrnambool,
 - St. Joseph's Church, Lava Street, Warrnambool,
 - Botanical Gardens, Botanic Road, Warrnambool and
 - Emmanuel College Senior Campus, Canterbury Road, Warrnambool

Student Name: _____ **2018 Room Number:** _____ **Year:** _____

CONDITIONS OF THE EXCURSION:

- I agree that the student in the school's care will abide by the school rules while on the excursion.
- I agree that the student in the school's care will follow instructions given to them by the staff in charge.
- I give staff the authority to arrange and administer, if necessary, any first aid / medical treatment for the student in the school's care.
- I give staff in charge the authority to arrange any travel for the student in the school's care, at my expense, should it be required for reasons of health, safety or discipline.
- I exclude any member of staff/volunteer attending the excursion from any personal liability (other than liability that may attach to the school) for any illness or injury that my child may suffer.

HEALTH FORM

1. **Does the student have to take any medication?** YES NO
If yes, and we do not currently hold the following;
 - Permission for the Administration of Medication form. **(A form must be completed.)**
 - Medication must be LABELLED CLEARLY stating:
 - (a) The name of the child.
 - (b) The dosage, dates and times for it.
2. **Does the student suffer from an allergy, food allergy (for catering) or disability?** YES NO
If yes, please specify: _____
3. **Would the student be limited, in any way, in taking part in physical activities?** YES NO
If yes, please specify: _____
4. **SUMMER MONTHS and other times as needed,**
I will ensure that my child has a protective hat to shade the face, neck and ears, appropriate clothing (Including rash vest) and their own broad spectrum water-resistant sunscreen (at least SPF30+).
5. **Has the student had an anti-tetanus injection in the last five years?** YES NO
6. **Is the student allergic to penicillin?** YES NO
7. **Medicare Number:** _____
10. **Private Medical/Hospital Insurance:** _____ YES NO
11. **Ambulance Fund Member Number:** _____ YES NO

Please supply an address and contact number where you can be contacted.

Name: _____

Home address: _____

Phone: Home: (Mother/Guardian) _____ Work: _____ Mobile: _____

Phone: Home: (Father) _____ Work: _____ Mobile: _____

Alternative emergency contact person: _____

Phone: Home: _____ Work: _____ Mobile: _____

The above information is true and accurate and I agree to the conditions of the excursion.

Name: _____ Signed: _____ Date: _____

(Updated 18/12/2017)