

## PICTON HIGH SCHOOL EXCURSION NOTE

Faculty: SPORT	Year: 2018	Name of exce	ırsion: Pict	on High School Swimming Carnival
Class Involved: Compulsory for ALL Students.				
Date: Wednesday 14 <sup>th</sup> February, 2018 (Week 3, Term1)				
Venue: Wollondilly Leisure Centre Cost: \$5 Students/ \$2.50 Parent Spectators				
Transport: Walk. Supervised by staff.				
Uniform required: Students to wear house colours or school sports uniform.				
Organiser/teacher in charge: Picton High School PDHPE Faculty				
Emergency contact number: Picton High School 02 46771242				
Reason for excursion: Picton High School Swimming Carnival				
Proposal approved by Head Teacher: Mr Tesoriero				
Please return note to Picton High School by: Before the end of Week 1 2018				
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		Permission 1	Vote	
I give permission for				
to attend the Picton High School Swimming Carnival in 2018.				
I understand that the Department of Education does not cover the cost of medical expenses incurred as a result				
of an accident or injury to my child.				
I understand that my child will be excluded from this excursion if they are on suspension.				
I give permission to the school and DoE to publish names and photographs of my child: YES/ NO				
I understand that house colours or full sports uniform is to be worn.				
In case of emergency I may be contacted at this number:				
Water or Swimming Ac	tivities			
I advise that my child is a:	_			
(Please tick)	□ non-swimm	ner	□ poor	swimmer (less than 50m)
I would prefer that my child <b>not</b> be involved in Water or Swimming Activities.				
Parent/ Guardian Name :				
_				Date:
				• • • • • • • • • • • • • • • • • • • •
Special needs of my child of which you may need to be aware (please provide full details).				
Medication:				
☐ Asthma	☐ Epilepsy	⊔ Othe	: (piease state	)
Allergies: (please tick) □ Sun	☐ Grass/Dust	□ Polle	-n	☐ Insect Bites

Other (please state):