

PICTON HIGH SCHOOL

Creating Opportunities Achieving Success



Faculty: **Science-Biology**

Year: **11**

Name of excursion: **Yr 11 Depth Study-Field Excursion-Bola Creek**

Venue: **Royal Nation Park-Bola Creek**

Date: **14th August 2020**

Cost: **\$5.00**

Transport: **School Bus**

Uniform required: **Other (appropriate standard)**

The school reserves the right to exclude any student from an excursion if they do not comply with the uniform expectations.

Organiser/teacher in charge: **Mark Walsh**

Emergency contact number: **0422 117 831**

Reason for excursion: **To meet curriculum outcomes & fulfill Depth study hrs (5 of 15 compulsory hrs)**

Departure time and Location: **8.00 am New Bus Bay**

Time of return and location: **3.00 pm New Bus Bay**

Proposal approved by Head Teacher: **Yes**

Please return permission note to Student Central by: Monday the 10th August



I give permission for _____ of roll class _____ to attend the:

Yr 11 Depth Study-Field Excursion-Bola Creek at Royal Nation Park-Bola Creek on the 14th August 2020.
Transport: School Bus

Students are reminded to "Take Pictures, & Leave Footprints"
Lunch and snacks to be brought, as there is no option for purchases.
Only biodegradable packaging, no plastics (as per venue request).
Clothing suitable for rain forest walk and reliable shoes required.

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 In

case of emergency I may be contacted at this number: _____ I enclose: \$ _____ **Special**

needs of my child of which you may need to be aware (please provide full details).

Anaphylaxis Epilepsy Asthma Other (please state) _____

Medication: _____

Special Dietary Requirements: _____

Allergies: (please tick)

Sun Grass/Dust Pollen Insect Bites

Allergy to the following medication: _____

Other (please state): _____

Medicare Number: _____

Parent Signature: _____ **Date:** _____