



Farrer Memorial Agricultural High School

(Variation of Routine)

Dear Parent or Caregiver

An excursion / sporting visit has been arranged for students at this school as outlined below.

I have approved this excursion as being an educational experience for the participating students. School uniform must be worn (unless stated below). Teachers trained in Emergency Care and CPR will accompany students on the excursion.

Yours Sincerely

Gus Comi (Deputy Principal)

DETAILS OF EXCURSION - PARENT COPY			
Name of Excursion:			
Teacher in Charge:		Contact Number:	
Other Staff Attending:			
Additional Information:			
Start Date:		Departure Time:	
Point of Departure:			
Finish Date:		Return Time:	
Point of Return:			
Dress:			
Location / Venue:			
Transport Arrangements:			
Boarders Total Cost:		Day Boy Total Cost:	
Accommodation:			
Meal Arrangements:			
Deadline for Acceptance:			

Parents are asked to complete the **permission note** overleaf and return it to school. Please ensure payment is made before the deadline.

Students on Restrictions, Brown, Orange or Red colour levels are not permitted to attend extra-curricular excursions.

No refunds will be given to students who are placed on these levels prior to the excursion.

Payment Methods:

Online	Visit the Farrer website at http://farrer.nsw.edu.au/ and click on the "Make a Payment" button
In Person at School	by Cash, Cheque or EFTPOS (either Credit or Debit Cards)
Over the Phone	Using your Credit Card (MasterCard or Visa) (02) 67648600



FARRER MEMORIAL AGRICULTURAL HIGH SCHOOL
SCHOOL COPY to be returned by
EXCURSION MEDICAL INFORMATION / CONSENT FORM

To be returned to:			
Student Name:		Year:	
Excursion:		Date:	
I give consent for my son to take part in the above excursion and have used one of the payment methods above. I note that refunds will not be given for any student who is on Restrictions, Brown, Orange or Red colour levels.			
My son/ward has known medical condition/s. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please ensure attached medical form is completed & returned with permission note.			
Signature:		Date:	
Phone:			

I give / do not give permission for my son to receive medical treatment in an emergency.

Doctors name Doctor's telephone.....

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each or medications that need to be administered during the excursion.

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Please advise the organising teacher of any specific dietary requirements.

Parent's Signature: _____

Date: _____