

Cardiff High School

Celebrating Excellence, Opportunities and Success.

30 Boronia Street, Cardiff NSW 2285

Ph (02) 4954 9966

Email cardiff-h.school@det.nsw.edu.au

Website www.cardiffhigh.com.au

Excursion Information for Students and Parents/Carers

Dear parent/caregiver,

Your child has been invited to attend the following excursion:

Student Group: 12 Ancient History

Venue: Cardiff High School

Purpose of Excursion: Pompeii and Herculaneum Study Day

Study Day via Zoom to support students with their Pompeii and Herculaneum topic.

Date(s): Friday 03 September 2021

Departure Time: **Departing from:** N.A.

Returning Time: **Returning to:** N.A.

Transport: N.A.

Attire to be worn: School Uniform

Cost: \$35

Payment Instructions: Either online at www.cardiffhigh.com.au or the school office

Payment Due by: Wednesday 01 September 2021

Additional Information:

Students will stay on site at Cardiff High School for this online event.

Organising teacher: Paula Morrison

Additional Staff:

Emergency Contact: 49549966

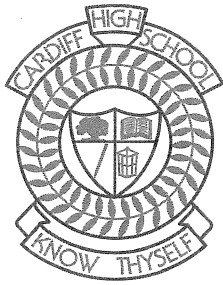
It is expected that all students adhere to our code of behaviour at school and on excursions. Further information on the code of behaviour is available at www.cardiffhigh.com.au, Payments and Excursions.

Please sign the attached permission and medical information form and return it with full payment to School Office by Wednesday 01 September 2021.

Paula Morrison
Organising Teacher

Andrew Snowden
Head Teacher

Josh Gane
Principal



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Excursion Permission and Medical Form

I hereby consent to my child (Full Name) _____ of (Roll) _____
to participate in an excursion for 12 Ancient History
to Cardiff High School on Friday 03 September 2021
organised by Ms Morrison.

I understand transport is via N.A.,
the cost of the excursion is \$35,
payment is due by Wednesday 01 September 2021 and students should wear School Uniform.

My child's mobile phone number is _____.

I am paying:

___ Online via www.cardiffhigh.com.au. Receipt number _____ Date paid _____.
___ At the school office.
___ At the venue.
___ N/A

I give permission for my child to receive medical treatment in the case of an emergency.

Emergency Contact details:

First Contact

Name: _____
Phone: _____

Alternate Contact

Name: _____
Phone: _____

Doctor

Name: _____ Phone: _____

Existing medical condition(s) or illnesses (please tick)

___ asthma ___ diabetes ___ epilepsy ___ other(s) _____
___ allergies to _____

Medication(s) to be administered and / or treatment(s) for condition(s). Name of medication(s), instructions for administration, time(s), any possible reactions and / or outline treatments for condition(s).

Special needs or dietary requirements. Include possible reaction to inappropriate diet.

The information you provide is being obtained for the purpose of ascertaining relevant medical information. For further information on the Privacy Policy see www.cardiffhigh.com.au **Payments and Excursions**.

Parent/Carer (print name): _____

Date: _____

Parent/Carer (signature): _____