

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 (possibly MH)

Venue: Carslaw Lectur Theatre, University of Sydney

Purpose of Excursion:

Prepare students for HSC requirements

Date(s): Friday 11 June 2021

Departure Time: 5:34 am **Departing from:** Cardiff Train Station

Returning Time: 6:01 am **Returning to:** Cardiff Train Station

Transport: Train, plus walk

Attire to be worn: School Uniform

Cost: \$40

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

Payment Due by: Monday 17 May 2021

Additional Information:

Students should have an Opal Travel card, pen and notepaper, water bottle, if desired, personal medications, and money for lunch, and snacks for train journey

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.

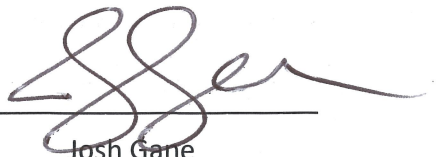
Please sign the attached permission and medical information form and return it with full payment to School Office by Monday 17 May 2021.



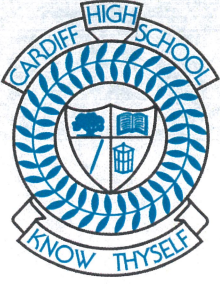
Paula Morrison
Organising Teacher



Andrew Snowdon
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 (possibly MH)
to Carslaw Lectur Theatre, University of Sydney on Friday 11 June 2021
organised by Paula Morrison.

I understand transport is via Train, plus walk,
the cost of the excursion is \$40,
payment is due by Monday 17 May 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): _____