



Excursion Consent
Western Sydney University Pathways to Dreaming Program
Year 9 & 10 Workshops

I give permission for my child _____ of Year 9/10 to attend the Western Sydney University Pathways to Dreaming Program excursion at Campbelltown Campus, Western Sydney University on Friday October 25. I understand that travel to and from the venue will be by bus supplied by Western Sydney University. I understand that students will depart from school, and will return to school at approximately 1.20pm depending on traffic. My child must wear full school uniform. There is no cost for the excursion and lunch will be provided.

MEDICAL INFORMATION:

Medical conditions _____

Allergies _____

Diet requirements _____

Medication _____

Other _____

Medicare Number (optional) _____

Parent Emergency Contacts:

	Name	Contact Number	Relationship to Student
1.	_____	_____	_____
2.	_____	_____	_____

Parent Signature: _____ Date: _____

Please complete and sign this permission note and provide relevant medical information to the Aboriginal Education Room by Monday October 21 2019.