

VINCENTIA HIGH SCHOOL EXCURSION PERMISSION NOTE

OFFICE USE ONLY
School Bytes Payment
Fee Type: Wellbeing
Cost: \$215



Please return the entirety of this note to the FRONT OFFICE to ensure student participation in this activity.

Year 7 Camp 2025

Student Name: _____

Student Year: _____

Parent /Carer Phone Contact: _____

My child has a medical condition: **Yes** **No** My child carries an: **EpiPen** **Asthma Reliever**

I give / do not give permission for my child to receive emergency medical treatment.

Please list any medical conditions or medications required:

Outline any special dietary needs including possible reactions to inappropriate diet.

WATER ACTIVITIES PERMISSION
REQUIRED ONLY FOR EXCURSIONS THAT INVOLVE WATER OR SWIMMING ACTIVITIES:

This activity will take place at _____

In relation to the proposed water or swimming activities, I advise that my child is a:

- strong swimmer
- average swimmer
- poor swimmer
- non swimmer

I advise that my child requires the following floatation device to assist them in the water:

I undertake to provide this device so that my child can participate in excursion: **YES/NO**

I give/do not give permission for my child to participate in the water or swimming activities.

PARENT ONLINE PAYMENT (POP)
PREFERRED PAYMENT METHOD

Student Name: _____

Year: _____

Student Registration Number (SRN): _____

Activity: _____

Reference or Invoice Number: _____

Amount paid: _____

I have made an online payment:

My receipt number is _____