

EXCURSION APPLICATION FORM

Please submit completed form to the Headmaster (2 weeks' notice required)

Contact person: _____ Department: _____

Day and date of Excursion: _____ Year Group: _____

Classes Participating: _____ Staff Accompanying: _____

Destination: _____

Time of Departure: _____ Expected Time of Return: _____

Is this excursion: **Mandatory / Optional** for your Syllabus?

Syllabus Outcome(s) covered by this excursion: _____

Aims and Objectives of this excursion: _____

Catering Requisition Form required: **Yes / No**

Booking of transport required: **Yes / No** (If yes, please contact office)

Supervisions required: **Yes / No** (If yes, classes affected by excursion needing cover):

Entered into Diary: **Yes / No** (Please enter and check for clashes)

Expected costs: _____ Proposed funding: _____

Any children with allergies? **Yes / No** (If yes, how many?): _____

Any children with asthma? **Yes / No** (If yes, how many?): _____

Applicant's signature: _____ Date: _____

Approved: _____ Date: _____

Nurse

Approved: _____ Date: _____

Registrar

Approved: _____ Date: _____

CSO

Medical Section: (to be included in ALL consent forms)

Does your child have?

Allergies?

Yes / No

(If yes, please specify below?):

Asthma?

Yes / No

(If yes, what treatment is used?):

Other medical?

Yes / No

(If yes, please specify below?):

Approved: _____ Date: _____

Headmaster