Student Excursion Permission Note

“ArtExpress and Pop to Popism”

3rd February 2015

Dear Parent/Caregiver

On Friday the 3rd February, Year 12 Visual Arts students will have the opportunity to visit the Art Gallery of NSW. The purpose of this excursion is to view the 2014 HSC Bodies of Work student exhibition entitled ‘ArtExpress’. This exhibition displays the top standard of work produced by Year 12 Art students for their HSC. Whilst at the gallery students will also view the exhibition – “Pop to Popism” and partake in a guided tour of the exhibition for their HSC Case Study in Father’s of Modernism.

Students are to bring a packed lunch including a drink, which we will eat at the Domain. There will be no opportunity to buy food because of the time restraints we have.

Excursion details:

Title of excursion: ArtExpress and Pop into Popism

Destination of excursion: Art Gallery of NSW, Sydney

Date(s) of excursion: Friday 27th February 2015

Time: 8.00am – 3.20pm

Cost of excursion: $30

Information about the excursion:

- Students are to wear full school uniform.
- Students will need to arrive at school by 7.50am as the bus will be leaving at 8am
- Please bring a small notebook, iPad or similar device for notes and photographs
- The permission note and money needs to be returned to the Finance Office by 26/2/15

Would you kindly complete the attached permission note and medical information form and return it to the College as soon as possible.

Yours sincerely

Mrs Jillian Young

KLA Coordinator
Permission Note for Excursion to the Art Gallery of NSW

As Parent/Guardian of _________________________, I _______________________________ give my consent for him/her to participate in the_________________________________________________________________.

I agree to delegate my authority to the teachers and assistants involved. Such persons may take whatever measures they deem reasonable to ensure the safety, well being and good conduct of the students as a group or individually.

I also give my consent to the teacher/s and assistants to obtain any medical assistance or ambulance transportation which they deem necessary should illness or an accident occur, and agree to pay all medical and/or ambulance expenses incurred on behalf of the above student.

I further authorize qualified medical practitioners to administer anaesthetic/blood transfusions if the need arises.

I submit the following medical information on behalf and details on any limitations, which he/she has for this excursion.

Signed __________________________________________________
(Parent/Guardian)

MEDICAL INFORMATION

MEDICARE NUMBER ________________________________

Is there any relevant information relating to your child taking part in this excursion? YES / NO

If yes:

A. A statement of the medical condition

B. The implication of this condition (if any) in conjunction with this excursion.

C. What special action (if any) should be taken by the teacher/s or assistants?

D. What action should be taken in an emergency?