

## AUCKLAND GRAMMAR SCHOOL

Official Out-Of-School Trip

Number of Students Attending:

230 approx

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Date From:	Date To:	Departure t	ime:	Expected Time to return: 3.15pm except Auck.Champs 8.30pn	
12/2/20	25/3/20	7.45am			
Departure Location: AGS			Return location:		
Nature of the	•	Zonal Qualifying	g Events 1	10/3, 4/3 March; Auck. Champs 25/3.	
	oment or dres m to travel to a	-	ent. Athle	etics gear to compete	
Master in charge of the trip:			Other masters attending:		
/Ir S. Blackwell St			Staff members as required		
Staff contact number:			Out of town contact address:		
Phone 021 674436			N/A		

Group involved:

**Athletics** 

I authorise the staff to obtain medical assistance for my son if in their opinion such attention is necessary.

Traveling to / Attending:

The Trust Arena or Mt Smart

- My son is under the School's jurisdiction for the duration of the trip/event. If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others he will be sent home at my expense.
- I authorise that my son's health and emergency contact details may be passed on to external providers for the purpose of this trip if necessary.

Surname of student	Initial	Form class	Na	ame of group involved	Travelling to	
				Athletics	Athletic Stadiums:Term1	
Please detail any health problems / concerns				If your son is currently taking or is required to		
(continue overleaf if necessary)				carry any medication please detail below.		

Is there any other information staff should know to ensure the physical & emotional safety of your son? (eg: cultural practices, dietary needs, disability, anxiety, behaviour or emotional problems)

Name of Parent/Guardian	Emergency contact number	Signature	Date: