



This Form relates to OHS Procedure - [Student Excursions](#)

DESTINATION							
FROM	[Date]	[Time]	am pm	TO	[Date]	[Time]	am pm
NAME OF STAFF MEMBER IN CHARGE							
CONTACT No. FOR STAFF MEMBER							
CONTACT No. FOR DRIVER							

Name of Student	Emergency Contact Details	Notes*(see below)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

Name of Other Participants	Emergency Contact Details	Notes*(see below)
1.		
2.		
3.		
4.		
5.		
6.		

*This column may be used to indicate any special requirements, medical conditions, etc. that apply to the participants. In such cases, this form is to be treated as strictly confidential.

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.