

This Form relates to OHS Procedure - Student Excursions

DESTINATION								
FROM	[Date]	[Time]	am	то	[Date]	[Time]	am	
			pm	10			рт	
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 <u>strictly confidential</u>.

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