

Welfare Information

Please notify the Centre of any students (first name only) or staff with welfare concerns at least **1 week before your visit**. Please sign and return the form even if there are no concerns. This information will be used to assist the safe management of students on excursion. It will be kept confidential.

For example:

- asthma, allergies, diabetes or other medical conditions
- physical disabilities such as broken limbs or using wheelchairs
- behaviour concerns
- special needs, including autism

Please bring a copy of current action plans for applicable students on the day

School name: _____	Date of visit: _____
Name of teacher in charge on the day: _____	Mobile number of teacher in charge: _____
Name of bus company: _____	Contact number of bus company: _____
Number of students: _____	Number of teachers: _____
	Number of other adults: _____

Name (first name only)	Class	Health, Welfare, Behaviour or Special Needs

Teacher: _____ **Signature:** _____

Please fax (95454830) or email (royalnatpk-e.school@det.nsw.edu.au) this form back to Royal National Park EEC.



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