



# Hurlstone Agricultural High School

Roy Watts Road  
GLENFIELD NSW 2167  
School email: [hurlstone-h.school@det.nsw.edu.au](mailto:hurlstone-h.school@det.nsw.edu.au)

Fax: 9829 2026  
Phone: 9829 9222

April 8, 2019

## PDHPE Outdoor Recreation EXCURSION CONSENT FORM

Please complete and return this form to Mr Wilson Snr by the Monday 21<sup>st</sup> May.

Dear parent/guardian,

- The Yr 11 PDHPE class will be going on an excursion to Jervis Bay and the Budawang National Park, NSW South Coast.
- This camp is planned for Mon 27<sup>th</sup> – Wed 29<sup>th</sup> May
- This excursion has been planned to supplement the following work being done in the classroom:

Outdoor Recreation module of Yr 11 PDHPE

- The cost of the excursion is \$ 60 for all students. Those wishing to hire a jacket will need to pay an additional \$25. Money to be paid to the registrar by Monday 20<sup>th</sup> May under the name "Yr 11 PDHPE Outdoor Recreation camp".
- The class will depart from school at 5am on the first morning and return to school at approx. 10pm on the final night.
- Travel will be by school 28 seater.
- Accompanying staff are: Mr B.Wilson and Mrs M.Barry

### Privacy Advice

- The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above.
- It will be used by the NSW Department of Education and Training for seeking consent for the child to undertake activities within this excursion activity.
- Provision of this information is required by law / voluntary. It will be stored securely.
- You may correct any personal information provided at any time by contacting the school.
- 

.....  
Brett Wilson  
Head Teacher PDHPE

.....  
M.Pharm  
Deputy Principal

✂ Please detach here...

### Consent

I hereby consent to ..... participation in an excursion to

(Student's full name)

the PDHPE Outdoor Recreation camp.

### Water or Swimming Activities

The excursion will involve the following water or swimming activities at camp – **Kayaking and shallow creek crossing**. In relation to the proposed water or swimming activities, I advise that my child is a

strong / average / poor / non-swimmer \*

I give / do not give\* permission for my child to participate in the water/swimming activities.

\* Delete words not applicable.

### Overnight Excursion Advice

- Accommodation will be in tents within the National Park
- Travel to overnight accommodation will be by **bus, then walking**.
- The group will be supervised by **Hurlstone staff**.
- Additional Information is attached detailing equipment and clothing needed.
- I understand that my son / daughter will stay overnight at the location above. **YES / NO (please circle)**

### Special Needs

Special needs of my child which you should be aware (e.g. allergies, medication – please provide full details):

I give permission for my child to receive medical treatment in case of emergency. **YES / NO (please circle)**

.....  
Signature of Parent / Guardian

.....  
Name of Parent / Guardian

.....  
Date



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## Medical information form

### Privacy Advice

- The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion to the Budawangs 27-29<sup>th</sup> May
- It will be used by the NSW Department of Education and Training for seeking consent for the child to undertake activities within this excursion activity.
- Provision of this information is required by law / voluntary. It will be stored securely.
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Student name:

Class:

### Parent or caregiver contact details

Name:

Address:

Home phone: ..... Work: ..... Mobile: .....

### Doctor contact details

Name:

Address:

Doctor's telephone:

1. .... 2. ....

### Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: .....

Phone: .....

2. Name: .....

Phone: .....

### List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies, recent injuries etc.). Outline the treatment for each.

**1. Allergies:** (medications, food etc): **YES / NO** (please circle)  
details:

**2. Recent Injuries:** **YES / NO** (please circle)  
details:

**3. Illnesses: YES / NO** (please circle)

*details including medication:*

**4. Other medical conditions: YES / NO** (please circle)

*details:*

**Outline special dietary needs including possible reaction to inappropriate diet**

**Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions**

**In the event that your child should need medical attention, it would assist if you could supply the relevant health information**

**Medicare Number:**.....

**Health Care Number:**.....

**Signature:** .....

**Date:**.....

*Please return this form by: **Friday 3<sup>rd</sup> May***