



# Hurlstone Agricultural High School

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Fax: 9829 2026  
Phone: 9829 9222

May 6, 2019

## EXCURSION CONSENT FORM

Please complete and return this form to **Ms Young** by the **12<sup>th</sup> May 2019**.

Dear parent/guardian,

- Year 10 students will be going on an excursion to Liverpool Hospital in connection with Ingham Institute on **Wednesday 29<sup>th</sup> May**.
- This excursion has been planned to supplement the following work being done in the classroom:  
Students interested in STEAM - careers in health, research and innovation
- The cost of the excursion is \$ 0 - **personal opal card for train is required**
- The class will depart from **school location - Horne Park** at **8am** and return to **school** at **3:30pm**
- Travel will be by **train**
- Accompanying staff are **Ms A. Young**
- School uniform is to be worn to this excursion.

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### Special Needs

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

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### 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 [98299222](tel:98299222)

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**Ms V Garrick**  
**HT Future Focus**

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Deputy Principal

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### Consent

I hereby consent to ..... participation in an excursion to  
(Student's full name)

the **Liverpool Hospital in connection with the Ingham Institute** from **29<sup>th</sup> May 8am to 3:30pm**.

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