



Hurlstone Agricultural High School

Roy Watts Road
GLENFIELD NSW 2167
School email: hurlstone-h.school@det.nsw.edu.au

Fax: 9829 2026
Phone: 9829 9222

April 9, 2019

EXCURSION CONSENT FORM

Please complete and return this form to the PDHPE staffroom by Friday 24th May.

Dear parent/guardian,

- Yr 9 & 10 PASS classes will be going on an excursion to Jindabyne and Perisher Valley on **Monday 26th August to Wednesday 28th August 2019**.
- The cost of the excursion is \$ **See attached costing sheet. Payment is to be made to the registrar by Friday 9th August.**
- The class will depart from **school** at **midnight Sunday 25th August** and return to **school** at **approx. 10pm Wednesday 28th Aug.**
- Travel will be by **coach**.
- Accompanying staff are **Mr B.Wilson et. al.**
- Neat casual clothing is to be worn to this excursion.

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](#).

.....
Mr Brett Wilson
Head Teacher PDHPE

Please detach here...

.....
M.Pharm
Deputy Principal

Consent

I hereby consent to participation in an excursion to
(Student's full name)
the **the PASS ski camp** from **26th Aug to 28th Aug**.

Overnight Excursion Advice

- Accommodation will be at **Vikas Lodge Jindabyne**.
- Travel to overnight accommodation will be by **coach**.
- 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)**

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 Jindabyne and ski fields on 26/8/19-28/8/19.
- 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](#)

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 24th May***