



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

May 14, 2019

EXCURSION CONSENT FORM

Please complete and return this form to the **Year 9 camp notice box in the front office** by **Thursday 11 APRIL 2019**

- Year 9 will be going on an excursion to Camp Wombaroo 165 Black Springs Rd High Range NSW 2575 from **Wednesday 18th September to Friday 21st September 2019**.
- This excursion has been planned to allow students to challenge themselves and to develop relationships as well as develop the skills needed to undertake leadership roles as they enter the senior school.
- The cost of the excursion is \$ 335.00. **This can be paid altogether, or by following the following payment plan:**

	Amount	Due Date
Deposit	\$100	11/4/2019
Final Payment	\$235	2/8/2019

- The class will depart from **Hurlstone** at 8.40am and return to **Hurlstone** at 2.52pm approximately.
- Travel will be by **coach**
- Accompanying staff are B. Shenouda, B. Cologon (SLSO), other staff based on student numbers (to be confirmed).
- An equipment list will be provided to students prior 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 office on 9829 9222.

.....
 Year 9 (2019) Coordinator Mr B. Shenouda.
 ✂ Please detach here...

Mai Ni Pham
Relieving Deputy Principal

Consent

Return this note to: **Mr B.Shenouda by 11 / 4 / 2019**

I hereby consent to 's participation in an excursion to Camp Wombaroo 165 Black Springs Rd High Range NSW 2575 from **Wednesday 18th September to Friday 21st September 2019** (Student's full name)

Water or Swimming Activities

The excursion will involve water or swimming activities at Wombaroo Camp. 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 at Camp Wombaroo 165 Black Springs Rd High Range NSW 2575

- Travel to overnight accommodation will be by **coach**
- The group will be supervised by **Hurlstone Staff**
- Additional Information will be provided 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

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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: 2019 to Mr B.Shenouda