



# Hurlstone Agricultural High School

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Fax: 9829 2026  
Phone: 9829 9222

October 25, 2019

## EXCURSION CONSENT FORM

### Junior Schools Ultimate Frisbee State Championships

Please complete and return this form to the PDHPE staffroom by 11/11/19.

Dear parent/guardian,

- A selection of students from the Hurlstone Ultimate Frisbee squad will be going on an excursion to **GRANVILLE PARK, MERRYLANDS** on 18/11/2019.
- This excursion has been planned to supplement the following work being done in the classroom:  
**Junior Schools (Year 7-9) Ultimate Frisbee State Championships.**
- The cost of the excursion is \$ 10. **Money MUST be paid in CASH ON THE DAY.**
- The class will meet at **Horne Park** at 7.40am and return to **HAHS** at approximately 3:00pm.
- Travel will be by **train**. **Students are advised to purchase their own Opal card.**
- Accompanying staff are **Mr. A. Wilson, Mr. D. Coombes**
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- School Sport Uniform 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 HAHS on 9829 9222.

.....  
**Mr A. Wilson**  
**Ultimate Frisbee Coach**

.....  
**Ms. M. Pham**  
**Deputy Principal**

✂ Please detach here...

#### Consent

I hereby consent to ..... of class ..... participating in an excursion to  
(Student's full name)

**Junior School State Ultimate Frisbee at Granville Park, Merrylands on 18/11/19.**

The excursion will depart from HAHS at 7:40am and return to HAHS at 3:00pm.

**Return this note to the: PDHPE Staffroom by 11/11/19**

#### 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)**  
I understand that the players will be absent from class for the whole day. I understand that physical activity may result in injury, however precautions will be taken to minimize the risk.

.....  
Signature of Parent / Guardian

.....  
Name of Parent / Guardian

.....  
Date