



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

November 14, 2019

EXCURSION CONSENT FORM

Please complete and return this form to **Mr. Faulds** by **Wednesday, 20th November, 2019**.

Dear parent/guardian,

- The Open Boys Cricket Team will be going on an excursion to **HAHS Combination Oval** on **Thursday, 21st November, 2019**.
- This excursion has been planned to supplement the following work being done in the classroom:
Sport - Davidson Shield Cricket SSW Knockout Competition – Regional Semi-Final v. Picnic Point HS.
- The cost of the excursion is \$ **Nil**.
- The class will arrive at **HAHS at 8.15am** and leave **HAHS at 3.00pm (approx.)**.
- Accompanying staff are **Mr. S. Faulds**.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- Cricket whites are to be worn to this excursion. The **old** PE shirt (white with blue /yellow) is acceptable cricket attire.

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 Mr. S. Faulds on 9829 9222.

.....
Mr. S. Faulds
Davidson Shield Team Coach

.....
Mrs A.Young
Deputy Principal

✂<Please detach here...

Consent

I hereby consent toparticipating in an excursion to

(Student's full name)

HAHS Combination Oval on **Thursday, 21st November, 2019**. The players arrive at HAHS at 8.15am and leave HAHS at 3.00pm (approx.).

Return this note to: **Mr. S. Faulds**

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