



Hurlstone Agricultural High School

Roy Watts Road

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November 13, 2019

EXCURSION CONSENT FORM

All Schools Beach Touch at Maroubra Beach

Please complete and return this form to **PDHPE Staffroom** by **22/11/19**.

Dear parent/guardian,

- A selection of students from the Hurlstone Touch Squad will be playing in the All Schools Beach Touch Football event at Maroubra Beach on Friday the **29/11/19 (week 7)**.
- This event is the NSW All Schools Beach Touch Football and will be played across the following divisions: Senior Girls, Senior Boys, Junior Girls, Junior Boys, Year 7 Girls, Year 7 Boys.
- The cost of the excursion is **\$25 payable to the school registrar by 22nd November 2019**.
- The teams will be transported to Maroubra Beach via school buses, departing school at 7:00am, returning by approx. 3.30pm.
- Accompanying staff are **Mr. A. Wilson, Mr. D. Coombes, MS. L.Powell**
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- School sport uniform, sunscreen, hat and water bottle are to be brought to this excursion. **NO STUDENTS WILL BE PERMITTED TO ENTER THE WATER UNDER ANY CIRCUMSTANCE.**

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 D. Coombes
Excursion Coordinator

.....
Ms M. Pham
Deputy Principal

✂*Please detach here...*

Consent

I hereby consent to participating in an excursion to
(*Student's full name*)

All Schools Beach Touch at Maroubra Beach on the **29/11/19**. The players will be absent from class for the whole day.

Return this note to: PDHPE staffroom by Friday 22/11/19

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