



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

December 4, 2019

EXCURSION CONSENT FORM

Please complete and return this form to **Ms. Cheng or Ms. Elderton** by **Thursday 13 February, 2020**.

Dear parent/guardian,

- All year 7 students will be going on an excursion to The Tops Conference Centre on **17 to 19 February, 2020**.
- This excursion has been planned to supplement the following work being done in the classroom: Transition, Orientation and Peer Support Programs
- The cost of the excursion is \$315.00. Payment is to be made to the Accounts Office by **Thursday 13 February, 2020**.
- Students will meet in the donut quad at **8.30am** on 17 February and return to **the donut quad** at approximately **2.30pm** on 19 February. Travel will be by **bus**.
- Accompanying staff are **Ms. Cheng & Ms. Elderton (Year 7 Advisors), Mr. Shenouda, Ms Cologon (Year 10 Advisors) and Hurlstone Teachers**
- Neat casual clothing is to be worn to this excursion. More details on what to bring will be provided closer to the date.
- **Note:** due to limited onsite parking and the busy nature of the start of the school day, parents/guardians are advised to drop off their child at the pedestrian railway gate.

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 day school office on 02 9829 9222

.....
Wun-Ling Cheng
Year 7 Adviser
Please detach here...

.....
Ann Young
Deputy Principal

Consent

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

Tops Conference Centre from 17 February to 19 February 2020.

Return this note to Year Advisors – Ms. Cheng or Ms. Elderton

Water or Swimming Activities

The excursion will involve the following water or swimming activities at **The Tops Conference Centre**. 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 **The Tops Conference Centre**
- Travel to overnight accommodation will be by **bus**.
- The group will be supervised by **Hurlstone teachers and The Tops Conference Centre 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)**

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/s of medication/s, 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: **Monday 3 February 2020***