



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

February 24, 2020

Zone & Regional swimming EXCURSION CONSENT FORM

Please complete and return this form to **Mr Wilson Snr in the PDHPE staffroom** by **Thur 27th Feb.**

Dear parent/guardian,

- The Hurlstone swimming team will be going on an excursion to Macquarie Fields Pool, Fields Rd, Macquarie Fields on **Monday 2nd March** to compete in the Hume Zone swimming carnival.

Important information:

- Optional - Hurlstone swimming caps are available from the PDHPE staffroom (see Mr Wilson Snr) for \$10
- The carnival is from 8.45am to 2.30pm
- \$7 pool entry payable at the pool
- School sports uniform is compulsory
- Boarders must book their lunch through the dining room
- Reserves are not to attend unless notified by Mr Wilson
- Swimmers are to be at Macquarie Fields pool by 8.45am and will not be allowed to leave until the end of the carnival unless written permission is supplied to Mr Wilson. If the carnival finishes before 2.30pm students who made their own way to the carnival will be dismissed from the carnival.
- Transport for day students is by private arrangements.
- Boarders are to have an early breakfast then meet Mr Wilson outside the dining room to catch the school bus at 8am.
- Contact No. during the excursion is 87964000 (Macquarie Fields Leisure Centre)
- Students with medical conditions are to have their medication and management plans with them on the day.

NOTE: Students selected in the **Zone Team** will be invited to compete at the SSW Regional Carnival to be held at The Gordon Fetterplace Aquatic Centre (Bradbury pool) on Monday 9th March commencing at 8am and concluding at 3.30pm. **Due to the short turn around his note covers permission for both the zone and regional carnivals.** An information note will be provided to swimmers who qualify for the regional carnival.

✂ Please detach here...

Water or Swimming Activities

The excursion will involve water or swimming activities at Macquarie Fields Leisure Centre.

Special Needs

Special needs of my child which you should be aware (e.g. allergies, medication – please provide full details on following pages):

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 school](mailto:the.school) on 9829 9222.

.....
Brett Wilson
HT PDHPE

.....
M.Pharm
Deputy Principal

Consent

I hereby consent to participating in an excursion to the Zone swimming carnival at Macquarie Fields Pool on Monday 2nd March and then if selected to the SSW regional swimming carnival on Monday 9th March.

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



Hurlstone Agricultural High School

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Ph: 9829 9222

Fax: 9829 2026

Medical information form

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 to Hume Zone swimming carnival on Monday 2nd March and regional carnival (if selected) on Mon 9th March.
- 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 school](#)

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: Thursday 27th Feb to Mr Wilson Snr in the PDHPE staffroom