



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

EXCURSION CONSENT FORM

Please complete and return this form to **YOUR CLASS TEACHER** by the **Friday 28th February 2020**.

Dear parent/guardian,

- Year 11 BIOLOGY will be going on an excursion to Wooglemai EEC, Oakdale on **Monday 9th & Tuesday 10th March 2020**.
- This excursion has been planned to supplement the following work being done in the classroom:
Mandatory Field work - Module 3 and Module Stage 6 Biology
- The cost of the excursion is \$ **60**
- The class will depart from **school** at **8am** and return to **school** at **3pm**
- Travel will be by **coach**
- Accompanying staff are **Ms Rose, Mr Bayer**
- Neat casual clothing is to be worn to this excursion.

Water or Swimming Activities

The excursion will involve the following water or swimming activities at **Wooglemai**. 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.*

Special Needs

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

Overnight Excursion Advice

- Accommodation will be at **Wooglemai EEC**
- Travel to overnight accommodation will be by **school bus**
- The group will be supervised by **Miss Rose, Mr Bayer**
- 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)

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 98299222

.....
Dr R Morante
Head Teacher Science

.....
Deputy Principal

Consent

I hereby consent to participation in an excursion to

(Student's full name)

the **Wooglemai EEC, Oakdale** from **Monday 9th March** to **Tuesday 10th March 2020**.

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

Privacy Advice

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- You may correct any personal information provided at any time by contacting 98299222

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: 1/3/20