



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

March 10, 2020

Yr 11 Life Ready Camp EXCURSION CONSENT FORM

Please complete and return this form to **Mr Trotter or Mrs Crichton** by **Fri 1st May 2020**.

Dear parent/guardian,

- Year 11 will be going on an excursion to Broken Bay Sport & Recreation Centre, Hawkesbury River on **Monday 11th May to Wednesday 13th May 2020**.
- This excursion has been planned to supplement the following work being done in the classroom:

To fulfill the mandatory NSW D.O.E. Life Ready Stage 6 course covering: relationships, drugs and alcohol, safe travel, sexuality, mental health and independence.

- The cost of the excursion is \$ 330 to be paid to the registrar by Friday 1st May.
- The class will depart from HAHS at 7.15am on the Monday and return to HAHS at approx 3.00pm on the Wednesday.
- Travel will be by coach & ferry.
- Accompanying staff are Mr Wilson Snr, Mr Trotter, Mrs Hewett, Mrs Crichton, Mrs Barry, Mr Krishan, Mrs Dayaganon et al.
- Neat casual clothing is to be worn to this excursion.

- As well as the attached medical form, **there is a medical form to be completed online.**
<https://oos.ungerboeck.com/prod/emc00/register.aspx?eid=NnVWNHY2TmFCS2krWIVzTzMrdVpsdz090>

This link will be emailed to all students.

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.

.....
Mr B.Wilson
Head Teacher PDHPE

.....
M.Pharm
Deputy Principal

✂ Please detach here...

Consent

I hereby consent to participating in an excursion to

(Student's full name)

Broken Bay Sport and Recreation Centre from 11/5/20 to 13/5/20.

Water or Swimming Activities

The excursion may involve raft building water or swimming activities in shallow water. 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. Please circle.

Overnight Excursion Advice

- Accommodation will be at **Broken Bay Sport and Recreation Centre**
 - Travel to overnight accommodation will be by **bus & ferry**
 - The group will be supervised by **HAHS staff and camp 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)**
- 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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- The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion Broken Bay 11-13th May
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- 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: **Friday 1st May***