



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 17, 2020

Yr 11 PDHPE Liverpool Hospital EXCURSION CONSENT FORM

Please complete and return all notes to **your class teacher** by **Fri 6th Nov.**

Dear parent/guardian,

- The yr11 PDHPE class will be going on an excursion to Liverpool Hospital on **Thursday 12th Nov.**
- See attached sheet for course information and supplementary permission notes.
- This excursion has been planned to supplement the following work being done in the classroom:
Core 1 Preliminary and Core 1 HSC course
- The cost of the excursion is \$ **0**.
- Lunch will be provided. **If you have special dietary requirements you are to bring your own lunch.**
- The class will depart from **school** at **7.30am** and return to **school** at **3.30pm**.
- Travel will be by **train. Students to use opal cards.**
- Accompanying staff are **Mr Seblani and Ms Keegan**
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- School uniform is to be worn to this excursion.

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 on 9829 9222.

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

.....
M.Pharm
Deputy Principal

✂*Please detach here...*

Consent

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

Liverpool Hospital on 12/11/20 The excursion will depart from school at 7.30am and return to school at 3.30pm.

Return this note to: **your class teacher**

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