



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

May 6, 2019

Handball State Championships EXCURSION CONSENT FORM

Please complete and return this form to the PDHPE staffroom by 8/5/19.

Dear parent/guardian,

- Your child has been selected to represent the school in the NSW European Handball State Championships on **Tuesday 28th May (week 5)**.
- The teams will depart from **school** at **7am** and return to **school** at **approximately 3pm**.
- Students will travel by **school vehicle to and from Sydney Olympic Park Sports Hall, Sydney Olympic Park**
- The cost of the excursion is \$20 to be paid through the registrar by Wednesday 22nd May
- Accompanying staff are **Mr. Willoughby**
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- School sport uniform is to be worn to this excursion.
- Students to bring their own food and water on the day.

✂ Please detach here...

Special Needs

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

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. T Willoughby
Handball Coach

.....
Ms M Pham

Deputy Principal

Consent

I hereby consent to participation in an excursion to

(Student's full name)

NSW Handball State Championships on: Tuesday 28th May 2019

The excursion will depart from school at **7am** and return to the school at approximately. **3pm**.

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