



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 12, 2018

EXCURSION CONSENT FORM

Please complete and return this form to **Mrs K Johnston** by the **17th February**.

Dear parent/guardian,

- Rural Youth - Sheep will be going on an excursion to Canberra Royal on **22nd February to the 25th February, 2018**.
- The cost of the excursion is \$ **120.00** this includes accommodation, all meals and travel and entry into the show.
- The class will depart from **HAHS** at **12.00 pm 22nd February** and return to **HAHS** at **12.00pm on the 25th February, 2017**
- Travel will be by **School Bus**
- Accompanying staff are **Mrs Johnston**

Show uniform, Dark blue shirt is to be worn, jeans no holes, boots and hat, casual clothes can be worn day and back once we have finished at the show. Students need to bring money if they wish to purchase at the show.

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 **Mrs K Johnston**

.....
Mrs K Johnston
Head Teacher Agriculture

.....
Ms A Young
Rel Deputy Principal

✂ Please detach here...

Consent

I hereby consent to participation in an excursion to

(Student's full name)

the **Canberra Royal Show** from **22.2.18** to **25.2.18**.

Return this note to: **Mrs Johnston**

Overnight Excursion Advice

- Accommodation will be at **Alivio Tourist Park in a Cabin**
- Travel to overnight accommodation will be by **School Bus**
- The group will be supervised by **Mrs K Johnston**
- 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)

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



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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 Canberra Royal on 23.2.17 to 24.2.17.
- 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 [Mrs K Johnston](#)

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: