



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

June 14, 2018

EXCURSION CONSENT FORM

Please complete and return this form to **Mr Wilson Snr in the PE staffroom** by **Friday 15th June**

Dear parent/guardian,

- The Hurlstone Athletics team will be going on an excursion to the Hume Zone Athletics Carnival at Campbelltown Sports Stadium Athletics Centre on **Thur 21st and Fri 22nd June**.
- The cost of the excursion is **\$5 each day to be collected at the venue gate**
- Students are only required on the day/s of their event. See attached program.
- Travel:

Day students: are to organise their own travel to and from the carnival. Day students wishing to travel on the Hurlstone bus are to arrange this with Mr Wilson. Students will not be permitted to leave early unless written permission is provided.

Boarders: Meet Mr.Wilson outside the dining room at 8am (after breakfast). Travel will be by school bus.

- Accompanying staff: **Mr Wilson**.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- School sports 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 Brett Wilson
HT PDHPE

M.Pham
Relieving Deputy Principal

✂*Please detach here...*

Consent

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

the zone athletics carnival on Thur 21st and/or Fri 22nd June. The excursion will depart from school at 8am (unless private travel arrangements have been made) and return to school by 3.30pm

Return this note to: **Mr Wilson in the PE staffroom**

With reference to the program of events **circle the days you will be competing:**

Thursday

Friday

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