



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 **Ms Keegan** by **Friday 29th June 2018**.

Dear parent/guardian,

- Your child will be going on an excursion to participate in Sydney South West Orienteering at Lake Alexandra, Mittagong.
- The cost of the excursion is \$ 32. This covers the cost of event entry, training by Orienteering coaches and transport to and from the event.
- On arrival, students will be issued with a Sportident electronic timer. This will be allocated to them and must stay on their wrist until the event is over. Lost timers must be paid for (\$20).
- Money paid to the register must be paid by **29-6-18**.
- Travel will be by bus which will **depart from HAHS at 8.40 am** and **return to HAHS at approximately 3.30pm**.
- 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 must provide their own food, water, sunscreen, hat and spare clothes if bad weather.

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 Ms Keegan on 9829 9222.

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Robyn Keegan
Organiser

.....
Ann Young
Deputy Principal

✂ Please detach here...

Consent

I hereby consent to participation in an excursion to

(*Student's full name*)

Sydney South West Orienteering to be held at Lake Alexandra, Mittagong on Wednesday 4th July 2018.

The excursion will **depart from HAHS at 8.40 am** and **return to HAHS at approximately 3.30pm**.

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.

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Signature of Parent / Guardian

.....
Name of Parent / Guardian

.....
Date