



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 22, 2018

EXCURSION CONSENT FORM

Please complete and return this form to **Mr Armitage** by **30th May, 2018**.

Dear parent/guardian,

- The Orchestra and some of members of Little Shop of Horrors will be going on an excursion to Mudgee on **Monday 2nd July to Wednesday 4th July**.
- This excursion has been planned to supplement the following work being done in the classroom:
Musical Performance and the chance to see archives in use in the community
- The cost of the excursion is \$ **333.40**
- The class will depart from **School** at **0700 (arrive 0600)** on **Monday 2nd July** and return to **School** at **1500 on Wednesday 4th July**
- Travel will be by **Bus**
- Accompanying staff are **Mr Armitage, Mr Craig, Ms Myles, Ms Ross, Ms Wuhrer, Mr Krishan**
- 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 **Mr Armitage**

.....
Glenn Armitage

.....
Sailash Krishan
Deputy Principal

✂*Please detach here...*

Consent

I hereby consent to _____ participation in an excursion to Mudgee on Monday
(Student's full name)
2nd July to Wednesday 4th July.

Return this note to **Mr Armitage**

Water or Swimming Activities

The excursion will involve the following water or swimming activities at **NIL**. In relation to the proposed water or swimming activities, I advise that my child is a

strong / average / poor / non-swimmer *

I give / do not give* permission for my child to participate in the water/swimming activities.

**Delete words not applicable.*

Overnight Excursion Advice

- Accommodation will be at **Parklands Resort , 121 Ulan Rd Mudgee NSW**
- Travel to overnight accommodation will be by **bus**
- The group will be supervised by **Mr Armitage, Mr Craig, Ms Myles, Ms Ross, Ms Wuhrer, Mr Krishan**
- 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