



# Hurlstone Agricultural High School

Roy Watts Road  
GLENFIELD NSW 2167  
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Fax: 9829 2026  
Phone: 9829 9222

May 21, 2018

## EXCURSION CONSENT FORM

Please complete and return this form to **Miss E. Blake in Agriculture staffroom** by **19<sup>th</sup> June**.

Dear parent/guardian,

- The Hurlstone girls netball team will be going on an excursion to Endeavour Park, Fairfield to compete in the Sydney South West girls knockout netball competition on **Tuesday 26th June**.
- The cost of the excursion is **\$12 for insurance**. Money to be paid on the day.
- The class will depart from **HAHS at 8am** and return to **HAHS at 3pm**.
- Travel will be by **school bus**.
- Accompanying staff: **E.Blake**.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- 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 the office on 9829 9222.

.....  
**E.Blake**  
**Netball Coach**

.....  
**M Pham**  
Deputy Principal

✂*Please detach here...*

### Consent

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

**Sydney South west girls Knockout Netball** on **Tuesday 26th June**. The excursion will depart from HAHS at 8am and return to HAHS at 3pm.

Return this note to: **E.Blake**

### 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