



Hurlstone Agricultural High School

Roy Watts Road

Fax: 9829 2026

GLENFIELD NSW 2167

Phone: 9829 9222

School email: hurlstone-h.school@det.nsw.edu.au

Swimming Carnival Consent Form

Please complete and return this form to the administration office by Friday 16th Feb.

Dear parent/guardian,

- The Hurlstone Swimming carnival will be held at Macquarie Fields Leisure Centre pool on Monday 26th February. All students are expected to attend.
- Pool entry is \$3.20 for students and spectators and is to be paid on the day. **Students are encouraged to have the correct money.**
- Students are to be at the pool by 8.30am with roll call being at 8.40am.
- Day students are to make their own way to and from the pool. It is a short walk from Macquarie Fields train station. See map on reverse side of note.
- Boarders will also travel by train (8.11am from Glenfield) using their own Opal card. Staff will accompany the boarders. Day students are welcome to join this train with the boarders.
- Hurlstone staff and pool staff will supervise students when they are at the pool.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- Students are to wear their sport uniform or clothes representing their house theme/colour.

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.

.....
Brett Wilson
HT PDHPE

.....
Anne Young
Deputy Principal

✂ *Please detach here...*

Consent

I hereby consent to participation in an excursion to

(*Student's full name*)

the Hurlstone swimming carnival at Macquarie Fields Leisure Centre pool on Monday 26th Feb. Return this note to the administration office by Friday 16th Feb.

Water or Swimming Activities

The excursion will involve the following water or swimming activities at **Macquarie Fields pool**. 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.*

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



Hurlstone Agricultural High School

Roy Watts Road Glenfield 2167

Ph: 9829 9222

Fax: 9829 2026

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 Macquarie Fields Pool on **Mon 26th Feb 2018**.
- 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](#).

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: **Fri 16th Feb.***