EXCURSION CONSENT FORM

Please complete and return this form to your Biology teacher by Tuesday 2nd March 15.

Dear parent/guardian,

• Yr 11 Biology & Senior Science will be going on an excursion to Royal National Park on Tuesday March 8th.
• This excursion has been planned to supplement the following work being done in the classroom:
  mandatory fieldwork for The Local Ecosystem topic.
• The cost of the excursion is $30. Money paid to the register must be paid by Tuesday March 1st.
• The class will depart from HAHS at 8 am and return to HAHS at 3pm.
• Travel will be by Bus. Students are advised to bring protective items such as sunscreen, hats, sunglasses and long sleeved shirt. Enclosed shoes are compulsory and they may get wet. As food outlets are not convenient to this location students will need to bring their own drinking water, lunches and snacks, boarders will need to organise lunches with the dining room.
• Accompanying staff are Mr Mahfouz, Mr Spies, Ms Creighton, Mr Robson and Ms Garrick.
• Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
• Neat casual clothing 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 Mahfouz on 9829 9222.

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Mr N Mahfouz                                  Nick Wenban
Deputy Principal                              

Please detach here…

Consent

I hereby consent to ……………………………………………………………….. participation in an excursion to

Royal National Park on Tuesday March 8th. The excursion will depart from HAHS at 8am and return to HAHS at 3pm.

Return this note to: your Biology class teacher

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)

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Signature of Parent / Guardian  Name of Parent / Guardian  Date