



# Hurlstone Agricultural High School

Roy Watts Road

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November 23, 2017

## EXCURSION CONSENT FORM

Please complete and return this form to Ms. Myles by the 3<sup>rd</sup> February, 2018.

Dear parent/guardian,

- All year 7 students will be going on an excursion to The Tops Conference Centre on 19<sup>th</sup>-21<sup>st</sup> February, 2018.
- This excursion has been planned to supplement the following work being done in the classroom:  
Transition, Orientation and Peer Support Programs
- The cost of the excursion is \$ 286
- The class will depart from the **day school bus bay** at 8.30am and return to the **day school bus bay** at approximately 2.30pm.
- Travel will be by bus.
- Accompanying staff are Ms. Myles (Year 7 Advisor), Ms. Hewitt (Year 10 Advisor) and Hurlstone Teachers
- 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 the day school office on 02 9829 9222

Melissa Myles  
Year 7 Adviser

*Please detach here..*

Ann Young  
Deputy Principal

### Consent

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

*(Student's full name)*

the **Tops Conference Centre** from 19<sup>th</sup> February to 20<sup>th</sup> February 2018.

Return this note to: Year Advisor – Ms Myles

### Water or Swimming Activities

The excursion will involve the following water or swimming activities at **The Tops Conference Centre**. 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 **The Tops Conference Centre**
- Travel to overnight accommodation will be by **bus**.
- The group will be supervised by **Hurlstone teachers and The Tops Conference Centre staff**
- 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



# SPECIAL DIETS FORM

Use this form only if you have a strict dietary requirement that is essential to your health and well being (eg. food allergy). Do not use for likes and dislikes of foods.

Please complete and return to your group organiser.

First Name:

Last Name:

Dietary Requirements: (tick one)

- Coeliac (Gluten Free)
- Coeliac / Lactose Intolerant
- Lactose Intolerant
- Vegan
- Vegetarian

Allergies: (tick all that apply)

- Nuts
- Eggs
- Shellfish / Seafood
- SEVERE ANAPHYLACTIC REACTION

Other specific allergies or dietary requirements:



To: The Churches of Christ Property Trust  
(This form will be retained by 'The Tops'  
If you require a copy, please arrange it prior to arrival)

## PARTICIPANT DETAILS

**A** Name \_\_\_\_\_ The participant's age \_\_\_\_\_

Address \_\_\_\_\_

P/code \_\_\_\_\_ Phone. (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name of Group \_\_\_\_\_

**B** The participant warrants:

the participant is a member of the following medical fund \_\_\_\_\_  
the participants member number of that fund is \_\_\_\_\_

the participants medicare number is \_\_\_\_\_  
that apart from the "Disclosed matters" the participant has no current illnesses, injuries or other adverse medical condition and is in good health. The disclosed matters are: The participant should here set out any illness, adverse medical condition or ill health from which the participant is suffering or has suffered or write NIL.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If the above information has already been collected by the organiser then only Part C needs to be added and supplied to the Tops.

## ACCEPTANCE / ACKNOWLEDGEMENT OF RISK

**C** The participant acknowledges that a reference to The Trust in this section C includes its servants and agents and further acknowledges that by reason of the nature of activities in which the participant may participate in at The Tops Conference Centre (site) that there is a risk of injury to the participant and/or a risk of an adverse affect to any current or past medical condition of the participant. The participant acknowledges and agrees that the participant accepts that the participant engages in activities on the site at the risk of the participant. The participant gives the trust authority, where circumstances deem it necessary, to obtain medical and ambulance assistance for the participant in the case of the participant suffering injury or ill health while on the site. For risk assessment information please visit [www.thetops.com.au](http://www.thetops.com.au) and follow the links to risk assessment.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Sign. (u18's) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_



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## Medical information form

### Privacy Advice

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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: February 3<sup>rd</sup> 2018**



## What do I bring?

This is by no means a comprehensive list of everything you could possibly need. If in doubt, remember, it's better to have it and not need it than to need it and not have it!

### Everyone coming to 'The Tops' needs:

- Wet weather gear/rain coat
- Personal Medication
- Hat
- Jumper and/or Jacket
- Sun Screen
- Covered shoes (thongs, sandals are not recommended for outdoor use on site)
- Personal Insect Repellent

### Additional needs for those staying overnight:

- Linen: 1 base sheet + top sheet or sleeping bag & pillow case. Unless linen hire arranged
- Toiletries
- Bath Towel
- Sleep Wear
- Underwear
- Change of clothes for each day
- Socks

### Additional needs for those participating in Activities:

- Extra pair of covered shoes
- Water bottle
- Full length tops to cover body when wearing harnesses
- Pants for bushwalking etc.

**Note:** Outdoor activities may result in damage/soiling of clothing. Please ensure clothing is suitable for outdoor recreational use.

### Extra things you might need:

- Day pack (for bush walking and carrying gear to activities)
- Garbage bag to take wet/dirty clothes home in
- Torch
- Swimmers
- Beach Towel
- Money (coins for guest washing machines and vending machines)
- Camera

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