Dear Parent/Guardian,

Senior students interested in donating blood will be going on an excursion to the Liverpool Blood Bank on the Friday indicated (please circle a date below) at noon:

- Term 2: 1/05, 15/05, 22/05, 29/05, 5/06, 12/06, 19/06
- Term 3: 17/07, 24/07, 7/08, 14/08, 21/08, 28/08, 4/09, 11/09
- Term 4: 9/10, 16/10, 23/10, 30/10, 6/11, 13/11, 20/11, 27/11

Notes:
- Donors aged 16 and 17 years will be limited to one donation every 12 months.
- The cost of the excursion is NIL.
- The group will depart from the School’s main office at 12:00 noon and return to HAHS at the end of the donation.
- Travel will be by the Red Cross’ mini-bus. Please note that students will NOT be accompanied by a teacher or staff member.
- A minimum of 3 students is required for the excursion to take place.
- The 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 as 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 Office on 9829 9222.

Daryl Currie
Principal

Nick Wenban
Deputy Principal

<= Please detach here

Consent
I hereby consent to .................................................. participating in an excursion to the Red Cross Blood Bank on: Term 2: 1/05, 15/05, 22/05, 29/05, 5/06, 12/06, 19/06, Term 3: 17/07, 24/07, 7/08, 14/08, 21/08, 28/08, 4/09, 11/09, Term 4: 9/10, 16/10, 23/10, 30/10, 6/11, 13/11, 20/11, 27/11 (Please circle the appropriate date). The excursion will depart from HAHS at 12:00 noon and return to HAHS at the completion of the donation.

Return this note to the School Office by Tuesday of the week you are donating.

Special Needs
Special needs of my child which you should be aware of (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 ........................................