



Hurlstone Agricultural High School

Roy Watts Road
GLENFIELD NSW 2167

Fax: 9829 2026
Phone: 9829 9222

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

October 19, 2017

EXCURSION CONSENT FORM LIFESAVING TRAINING DAY

Please complete and return this form to **PDHPE Staffroom** by **Monday 13th November**.

Dear parent/guardian,

Your son/daughter has been selected to participate in the lifesaving instructor training day. The training will be held at Macquarie Fields pool on Tuesday 21st November.

The course is held in accordance with the Royal Life Saving Society levels award scheme and covers CPR, survival skills, stroke correction, rescue techniques and leadership skills.

After the successful completion of the course, students may be invited to act as instructors for the year 7 lifesaving week. This will take place from Monday 4th December to Thur 7th December at both Macquarie Fields pool and Coledale Beach. A separate note will follow for that event.

- The cost of this training day is \$30 which includes certification. Money paid to the register must be paid by Monday 13th Nov. Students will also need to pay pool entry of \$2.80 on the day.
- Students are to be at the pool by 9am with the course concluding by 3pm.
- Day students are to make their own travel arrangements and boarders are to be transported by school bus.
- Accompanying staff are Mr Wilson Jnr and Mr Seblani.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- Casual clothing may be worn. Students are to bring swimmers, towel, sunscreen, hat, pen and paper.

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.

.....
Andrew Wilson

Sports Organiser

.....
Deputy Principal

✂ *Please detach here...*

Consent

I hereby consent to participation in an excursion to

(Student's full name)

Macquarie Fields pool on 21/11/17.

Return this note to: **Mr Wilson Jnr in the PDHPE staffroom by Monday 13th Nov.**

Water or Swimming Activities

The excursion will involve lifesaving and 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 Mac Fields pool on 21/11/17.
- 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: 11/11/17

