



DENILIQVIN HIGH SCHOOL - DAY EXCURSION NOTE

### Bill Turner Cup BOYS/GIRLS Soccer

Dear Parent/Guardian,

- An excursion has been planned to Hay Oval (AFL Field) and has been approved by the Principal on **Thursday 28<sup>th</sup> of March 2019**.
- The purpose of the excursion is to compete in the **U15's Bill Turner Cup Gala Day**.
- Students will leave the school at **7:00 am sharp** and will arrive back in Deniliquin at **approximately 4:30pm**.
- Travel will be by bus driven by Mr Perizzolo.
- Students will be accompanied by Mr Hird and Mr Perizzolo.
- The total cost of the day will be **\$10.00**, this will cover the cost of travel.
- Students must wear **full sports uniform**.
- Students must bring a pair of **black shorts** and **long black socks**, as well as **soccer boots** and **shin pads** for their matches.
- The staff member(s) with Emergency Care Training on the excursion are Mr Hird and Mr Perizzolo.
- Any student who is in possession of, or uses, any illegal substance may be returned to school at parental expense.
- Should you require further information please contact the excursion organiser (Mr Hird).
- It is suggested students bring their own **recess and lunch**.
- There will be a small canteen running on the day selling a limited selection of items.
- Please complete the permission note/medical form and return to the front office by **Friday 22nd of March**.

Mr Jacob Hird, Excursion Organiser

Mr Glen Warren, Principal

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**PLEASE RETURN THIS SHEET AND OTHER ATTACHED INFORMATION SHEETS (SEE BELOW) TO THE D.H.S FRONT OFFICE WITH ANY MONEY OWING**

I hereby consent to the attendance of my son/daughter/ward \_\_\_\_\_ to participate in a day excursion approved by the Principal to **Hay Oval (AFL Field)** on **Thursday 28<sup>th</sup> of March 2019** for the **U15's Bill Turner Cup Gala Day**.

Signed: \_\_\_\_\_  
Parent/Guardian

**Medical Information Form**

**Student Name** – \_\_\_\_\_

**Parent/Caregiver details –**

Name – \_\_\_\_\_

Address – \_\_\_\_\_

Home Phone No – \_\_\_\_\_

Work Phone No – \_\_\_\_\_

Mobile – \_\_\_\_\_

**Doctor Contact Details-**

Name – \_\_\_\_\_

Address- \_\_\_\_\_

Phone No – \_\_\_\_\_

Medicare No - \_\_\_\_\_

**Emergency contact details (nominated by the parent or caregiver as alternate contact)**

Name – \_\_\_\_\_

Phone – \_\_\_\_\_

To the best of my knowledge, he/she has no medical condition, physical disability or injury which puts him/her at risk in participation in the sport. I have however listed below any special medical conditions or illnesses affecting my child. I have also noted any special treatment that my child may need for such conditions.

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Please outline any special dietary requirements including possible reactions to inappropriate diet.

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Please outline any medications to be administered during the excursion including name of medication, instructions for administration, time of administration and possible reactions.

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Every attempt will be made to contact parents in an emergency. If this is not possible I further consent to medical attention being given to my child should the need arise and further indemnify the school and its servants from any expenses or costs which may be incurred as a consequence of any unforeseen circumstance that may arise on the excursion.

Signed: \_\_\_\_\_  
Parent/Guardian

Date : \_\_\_\_\_