



DENILIQVIN HIGH SCHOOL – SPORTING EXCURSION NOTE

Dear Parent/Guardian,

- Your child/ward has been selected to represent the school in the **Open Boys Basketball team** to play in **Griffith** on **Tuesday 26th March, 2019**.
- Transport will be by **bus** and cost will be **\$20 (to the front office for transport)** and **\$5 (cash on the day for stadium hire)**.
- Students will depart at **7.30am** from Deniliquin High School and return at approximately **3.30pm**.
- Students will be accompanied by **Mrs H. Hall & Mr B. Arthur**.
- Students must wear full sport uniform.
- Any student who is in possession of, or uses any illegal substance may be returned to school at parental expense.
- Could you please complete the information required below and return it with any payment to the Front Office at the school by **Monday 25th March, 2019**.

Should you require any further information please contact the excursion organiser.

Hayley Hall
 Hayley Hall
 Excursion Organiser

Jeffery Astill
 Jeffery Astill
 Acting Principal

X.....

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/ward _____ participating in a sporting excursion approved by the Principal to Griffith on **Tuesday 26th March** and involving travel by bus.

- ***I understand that when my child/ward is travelling on an interstate excursion I will be responsible for all Ambulance costs my child/ward may incur whilst interstate.***

Signed: _____
Parent/Guardian

- 1. Please complete, sign and return the attached Medical Information Form over the page**
- 2. If applicable please also complete the 'Water or Swimming activities advice' sheet**

Privacy Notice –

The information provided on your son/daughter/ward is being obtained by the NSW Department of Education and Training for the sole purpose of assisting supervising staff in the case of an accident or emergency on the excursion listed above.

Provision of this information is required by law, and it will be stored securely.

You may correct any personal information provided at any time by contacting the Principal.

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 - _____

Ambulance Cover 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.

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

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

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 : _____