




DENILQUIN HIGH SCHOOL - DAY EXCURSION NOTE


Dear Parent/Guardian,

An excursion has been planned to the **Royal Melbourne Show** on **Wednesday 25th of September** and has been approved by the Principal.

The purpose of the excursion is to **expose students to agricultural excellence.**

- Students will travel by Purtill's Bus
- Total cost of the excursion will be \$50
- Students will depart from Denilquin High School at **6am**. Anticipated time of arrival back at school is **6pm**
- Students need to bring a packed lunch and money for dinner. We will stop in Wallan for an early dinner on the way home.
- Students will be accompanied by **Mr Humphries, Mrs Dunmore and Mrs Pearn.**
- **Students must wear full school uniform, including enclosed leather shoes.**
- Any student who is in possession of, or uses, any illegal substance will be returned to school at parental expense.
- Staff with Emergency Care Training on the excursion is Mr Humphries, Mrs Dunmore and Mrs Pearn.
- Please complete the information required **below** and return it with payment to the Front Office at the School by **Friday 6th September.**
- Should you require any further information please contact the excursion organiser.


 Genny Dunmore/Emily Pearn
 Excursion Organisers


 Kym Orman
 Principal

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 my son/daughter/ward _____ participating in a day excursion approved by the Principal to Royal Melbourne show and involving travel by bus.

Signed: _____
Parent/Guardian

Privacy Notice --

The information provided on your son/daughter/ward is being obtained by the NSW Department of Education and Communities 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 – _____ **STUDENT MOBILE NUMBER** _____

Parent/Caregiver details –

Name – _____

Address – _____

Home Phone No – _____ Work Phone No – _____ Mobile – _____

Doctor Contact Details-

Name – _____

Address- _____

Phone No – _____

Medicare No - _____

Private Health Fund 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 : _____