



## DENILIQVIN HIGH SCHOOL - DAY EXCURSION NOTE

Dear Parent/Guardian,

An excursion has been planned to *Wollongong* on *Monday 26<sup>th</sup> August – Wednesday 28<sup>th</sup> August* and has been approved by the Principal.

The purpose of the excursion is to enable students from Deniliquin High School to *participate in the Swan Shield football competition* finals.

- Students will travel by Purtills Bus.
- Total cost of the excursion will be \$135 students and \$185 parents.
- Students will depart from Deniliquin High School at 6:30am Monday 26<sup>th</sup>.
- Students will be accompanied by Mr Bradley and Mr Ferguson
- **Students must wear full school uniform, including correct 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 Bradley and Mr Ferguson
- ***Parents need to be aware that if their child/ward attends this excursion, any ambulance transportation costs are the responsibility of the parents. The school's Ambulance cover does not apply to any situation outside New South Wales.***
- Please complete the information required below and return it with payment to the Front Office at the School by Thursday 22<sup>nd</sup> August.
- Should you require any further information please contact the excursion organiser.

Excursion Organiser Anthony Bradley

  
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 \_\_\_\_\_ participating in an excursion approved by the Principal to Wollongong on 26<sup>th</sup> -28<sup>th</sup> August and involving travel by Purtills 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

### **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 - \_\_\_\_\_

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.

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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 : \_\_\_\_\_