



DENILIQVIN HIGH SCHOOL - DAY EXCURSION NOTE

Dear Parent/Guardian,

An excursion has been planned for Year 10 English students on **Friday, 30th August, 2019** to the **ACM Playhouse, Melbourne** and has been approved by the Relieving Principal. Students will be attending a performance of *Macbeth*, in conjunction with their current unit of study – Shakespeare: All the World's a Stage.

- Students will travel by bus.
- The school has subsidised this excursion and the cost per student will be \$25.
- Students may choose to bring their lunch or bring money with which to purchase it.
- Students will depart from Deniliquin High School at 8.00AM. The anticipated time of return at school is 7.00PM.
- Students will be accompanied by Miss Kermode, Miss Hof, Miss Sterling and Miss Johnson. All staff attending the excursion has current Emergency Care Training.
- **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.
- Please complete the information required below and return it with payment to the Front Office at the School by **Wednesday, 21st August, 2019.**
- Should you require any further information please contact the excursion organiser.

Beth Kermode, Excursion Organiser

Kym Orman, Relieving 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 Relieving Principal to the ACM Playhouse on 30th August, 2019 and involving travel by bus. I acknowledge that it is the responsibility of my child to catch up on any work from the classes that he/she has not attended as a result of their involvement in this activity.

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 – _____

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 : _____