



DENILIQVIN HIGH SCHOOL - DAY EXCURSION NOTE

Dear Parent/Guardian,

The Year 12 HSC Mathematics Study Day will be held at Moama Anglican Grammar School on Wednesday 4th September 2019. The excursion has been approved by the Principal. The purpose of the excursion is to attend the Year 12 Mathematics and Mathematics Standard 2 Study Day.

- Students will travel by bus. Places are limited to 22 students.
- Total cost of the excursion will be **\$10** per person.
- Students will depart from Deniliquin High School at 7:45 am. Anticipated time of arrival back at school is 4:00 pm.
- Students will be accompanied by Ms Kylie Barker and Mrs Dominique Jansen.
- **Students must wear full school uniform.**
- 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 are Ms Kylie Barker and Mrs Dominique Jansen
- ***Parents need to be aware that if their child/ward attends this excursion, any ambulance transportation costs are the responsibility of the parents.***
- Please complete the information required below and return it with payment to the Front Office at the School by Monday 26th August.
- Should you require any further information please contact the excursion organiser.

Dominique Jansen
Excursion Organiser

Kym Orman
Reliving 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 my son/daughter/ward _____ participating in a day excursion approved by the Principal to Moama on Wednesday 4th September 2019 and involving travel by bus.

Signed: _____
Parent/Guardian

Please complete, sign and return the attached Medical Information Form over the page

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.

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 : _____