



DENILIKUIN HIGH SCHOOL - Yr 7 Empowerment Day NOTE

Dear Parent/Guardian,

- The Year 7 Girls Empowerment Day has been planned on Friday 29th March, 2019 and has been approved by the Principal.
- The purpose of the day is to 'empower' students through inspiring talks and activities.
- The total cost of the excursion will be \$5.
- Students should wear FULL SPORTS UNIFORM.
- Morning Tea will be provided. Please indicate any special DIETARY requirements on the Medical Information form attached.
- Students will need to bring a PACKED LUNCH, some snacks and water.
- Students will be accompanied by Mrs Glowrey, Ms Barker and Ms Singha
- All staff members have Emergency Care Training and CPR Training
- Please complete the information required and return it with payment to the Front Office ASAP.

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

Alex Glowrey
Excursion Organiser

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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 the Year 7
Empowerment Day excursion approved by the Principal.

Signed: _____
Parent/Guardian

1. 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 - _____

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 : _____