



**DENILIQVIN HIGH SCHOOL – BOYS EMPOWERMENT DAY NOTE**

Dear Parent/Guardian,

A Year 8 Boys Empowerment Day has been planned at Four Post Recreation Reserve on Friday June 28<sup>th</sup> and has been approved by the Principal.

The theme of the day is "Being Phenomenal" and is an important opportunity for male students to address a range of health and social issues relevant to their current stage of schooling.

The day will consist of a number of activities and challenges aimed towards building self-dignity and respect, communication skills, personal health knowledge and awareness of issues involving drugs and alcohol.

Please Note:

- Students will catch a bus to the venue accompanied by the attending staff.
- Total cost of the excursion will be \$5.00 and is to be paid in full by the 26<sup>th</sup> of June.
- Students will depart from Deniliquin High School after roll call and will be arriving back at school at 3pm.
- **This day is compulsory.**
- A BBQ lunch will be provided. Recess is needed.
- Students will be accompanied by Mr Josh Perizzolo, Mr Matt Tobin and Mr Jamie Loy.
- Students must wear full school **sports uniform**, including correct shoes. A hat, sunscreen and a water bottle are also recommended.
- Should you require any further information please contact the excursion organiser.

Josh Perizzolo, Excursion Organiser

Peter Astill, 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 the attendance of my son \_\_\_\_\_ to participate in the Year 8 Empowerment Day approved by the Principal to Four Post Recreation Reserve on the 28th of June.

Signed: \_\_\_\_\_  
Parent/Guardian

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

**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 : \_\_\_\_\_