



DENILIQUIN HIGH SCHOOL - Yr 8 Empowerment Day NOTE

ECHUCA - GRAVITY SHACK and INFLATABLE FUN

Dear Parent/Guardian,

- The Year 8 Girls Empowerment Day has been planned for Friday 28th June, 2019 and has been approved by the Principal.
- We will be travelling to Echuca by bus to attend a workshop called 'Ambition to Reality' run by Andrew Walker a former AFL footballer at Gravity Shak. This workshop focuses on resilience, team work, goal setting and embracing the moment. After a lunch break the students will be going to the Echuca War Memorial Aquatic Centre for some inflatable fun with their peers!
- The cost of the excursion will be **\$10**. This has been *heavily* subsidised by the school.
- Students should wear FULL SPORTS UNIFORM and pack their SWIMMERS and a TOWEL. Students will also need to bring RECESS, A PACKED LUNCH and water.
- Students will depart school for Echuca after roll call and return before the end of the day.
- Students will be accompanied by Mrs Glowrey, Mrs Van Lieshout and Mr Rae. All staff members have Emergency Care Training and CPR Training
- Any student who is in possession of, or uses, any illegal substance may be returned to school
- Please complete the information required below and return it with payment to the Front Office by Thursday 27th June.

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

Alex Glowrey
Excursion Organiser

X.....

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 an excursion approved by the Principal to Echuca on Friday 28th June and involving travel by bus.

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 : _____