

Deniliquin High School

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Deniliquin 2710



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Dear Parent/Guardian,

An excursion has been planned for Year 9 Camp at Anglesea YMCA from Sunday 3rd November to Wednesday 6th November 2019 and has been approved by the Principal.

The purpose of the excursion is to build self-confidence, teamwork and leadership skills.

- Students will travel by coach to Anglesea YMCA Sport and Recreation Camp, Anglesea, Victoria.
- Total cost per student will be \$350.00
- Students will depart from Deniliquin High School at 9:00am – Sunday 3rd November 2019.
- Anticipated time of arrival back at school 5:30pm – Wednesday 6th November 2019.
- Students will be accompanied by Ms Hatton and DHS staff.
- **Students are to wear respectable and comfortable clothing for the duration of the camp.**
- Any student who is in possession of, or uses, any illegal substance will be returned to school at parental expense.
- All staff attending the excursion have current Emergency Care Training and First Aid Training.
- Please complete the information required below and return it with the **\$50.00** to the **Front Office** at the by **Wednesday 28th August 2019**.
- Should you require any further information please contact the excursion organiser.

If you decide to pay by instalments, the schedule for payment is as follows:

Payment 1: \$50.00	Wednesday 28 th August
Payment 2: \$100.00	Wednesday 11 th September
Payment 3: \$100.00	Wednesday 25 th September
Payment 4: \$100.00	Wednesday 23 rd October

Further information will be sent home closer to the date of the excursion with departure and arrival times and a packing list. If you have any questions, please do not hesitate to contact me.

If you are suffering financial hardship, please do not hesitate to contact the Principal or Finance Officer Lisa Wishart to discuss alternate arrangements.

Ms Mandi Hatton
Excursion Organiser

Mrs Kym Orman
Relieving Principal

YEAR 9 ANGLESEA CAMP

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 **YMCA Sport and Rec Camp - Anglesea on Sunday 3rd November to Wednesday 6th November, 2019** and involving travel by Purtill's coach.

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.

Please provide any updated medical information when returning the permission note.

Signed: _____
Parent/Guardian

Respect ◇ Responsibility ◇ Co-operation

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.

MEDICAL INFORMATION FORM

Student Name: _____ **STUDENT MOBILE NUMBER:** _____

Parent/Caregiver Details

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Doctor Contact Details

Name: _____

Address: _____

Phone: _____

Medicare No: _____

Private Health Fund No: _____

Emergency contact details (nominated by the parent or caregiver as alternate contact)

Name: _____

Phone: _____ Mobile: _____

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 : _____