

Deniliquin High School



Harfleur Street
PO Box 517
Deniliquin NSW 2710

Principal – Mr Glen Warren

Phone – 03 5881 1211
Fax – 03 5881 5115
Website – www.deniliquin-h.schools.nsw.gov.au
Email – deniliquin-h.school@det.nsw.edu.au

Dear Parent/Guardian,

An excursion has been planned for Year 9 at Howmans Gap YMCA from Tuesday 11th October to Friday 14th October 2022 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 Howmans Gap Alpine Centre YMCA Sport Camp, Falls Creek, Victoria.
- Total cost per student will be \$400.00
- Students will depart from Deniliquin High School at 6:30am – Tuesday 11th October 2022.
- Anticipated time of arrival back at school is 4:30pm – Friday 14th October 2022.
- Students will be accompanied by Miss Grocott 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 and CPR Training.
- Please complete the information required below and return it to the **Front Office** by **Wednesday 1st June 2022**.
- Preferred payment is via the School's Website www.deniliquin-h.school@det.nsw.edu.au

If you are suffering financial hardship, please do not hesitate to contact Lisa Wishart, School Business Manager, to discuss alternate arrangements on 5881 1211.


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

Payment 1: \$50.00	Wednesday 1st June
Payment 2: \$100.00	Wednesday 22nd June
Payment 3: \$100.00	Wednesday 20th July
Payment 4: \$100.00	Wednesday 17th August
Payment 5: \$50.00	Wednesday 14th September

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



Miss Grocott
Excursion Organiser



Mr Glen Warren
Principal

Respect ◇ Responsibility ◇ Co-operation

Nyemangurrang nyumangurrang katimang nyuman Kurrek Wamba Wamba Perrepa Perrepa Kuli Pakaya-puk Mim kilayitya kiki.
We would like to pay our respects and acknowledge the traditional custodians of the land, the Wamba Wamba and Perrepa Perrepa people and also pay respect to Elders both past and present.

YEAR 9 HOWMANS GAP CAMP

PLEASE RETURN THIS SHEET AND MEDICAL INFORMATION SHEET (SEE ATTACHED) TO THE D.H.S FRONT OFFICE.

I hereby consent to my son/daughter/ward _____ participating in an excursion approved by the Principal to **Howmans Gap YMCA Camp – Falls Creek on Tuesday 11th October to Friday 14th October, 2022** and involving travel by Dyson'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 complete the attached medical information sheet and return with the permission note.

Signed: _____
Parent/Guardian

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 : _____