



Hunter School of the Performing Arts  
**Day Trip School Excursion/Incursion Consent Form**

Dear Parent/Caregiver, an excursion/activity has been organised for your child.

<b>Excursion/Activity</b>	Girls Futsal
<b>Date(s)</b>	Wednesday 08/05/2024 8:30am - 3:00pm
<b>Venue</b>	Genesis
<b>Students/Class</b>	students from 7 -10
<b>Cost of excursion</b>	\$30.00
<b>Transport</b>	Students to find their own way to Genesis at Cooks Hill.
<b>Supervision</b>	Murray Fletcher
<b>Please bring</b>	Futsal shoes/Joggers, Shin pads and any other equipment you may need.
<b>Students must wear</b>	Full School Uniform
<b>Food</b>	Bring your own food and snacks
<b>Additional information</b>	N/A

Leah Lee  
 Teacher in charge of excursion

Mark Simmons  
 Deputy Principal

**Medical Disclaimer**

Parents - please note there is no personal injury insurance cover provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area, and state school sport associations when deciding whether additional cover, above that provided by Medicare, is required. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.



**Excursion: Girls Futsal**  
**Date: Wednesday 08/05/2024 8:30am - 3:00pm**

Payment  
Code  
SUNDRY

I give permission for my child ..... of Year ..... to attend the excursion/activity above.

My child's medical details have NOT changed since the enrolment form submitted at the start of the year **or:**

My child's medical details HAVE changed since the enrolment form submitted at the start of the year. My child's updated medical details are attached. *Note: It is the responsibility of the parent/carer to notify the school when their child's medical details change.*

Signed ..... (Parent/Guardian) Date .....