



## 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>	Smashed theatre
<b>Date(s)</b>	Thursday 23/06/2022 10:10am - 3:10pm
<b>Venue</b>	*In School
<b>Students/Class</b>	Year 8 and 9
<b>Cost of excursion</b>	No cost
<b>Transport</b>	N/A
<b>Supervision</b>	Blake Robertson
<b>Please bring</b>	N/A
<b>Students must wear</b>	N/A
<b>Food</b>	N/A
<b>Additional information</b>	The program builds students knowledge, skills and attitudes to enhance their own and others health, safety and well-being in varied and changing contexts.

Blake Robertson  
Teacher in charge of excursion

Darren Ponman  
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: Smashed theatre**

**Date: Thursday 23/06/2022 10:10am - 3:10pm**

Return this portion to the Front Office (7-12) by N/A

Payment Code N/A
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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.*

**Payment Method (Payment must accompany this permission form):**

**Cash:** \$ ..... enclosed

**Cheque:** Cheque enclosed for \$ .....

**Online:** Amount Paid: ..... Receipt Number .....

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