



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

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

Excursion/Activity	Year 7 GABC 2021
Date(s)	08/02/2021 8:00am - 10/02/2021 4:00pm
Venue	Great Aussie Bush Camp
Students/Class	Year 7 2021 and selected peer support students (year 10, 2021)
Cost of excursion	\$333.00
Transport	Bus/Coach
Supervision	Mark Simmons, John Matthews
Please bring	As per packing list (attached)
Students must wear	N/A
Food	Supplied at venue
Additional information	N/A

Mark Simmons
 Teacher in charge of excursion

Bree Harvey-Bice
 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.



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Return this portion to the Front Office (7-12) by 29 January 2021

Payment
Code
EBS

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