

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.

Excursion/Activity	National Eisteddfod Canberra 2020	
Date(s)	22/05/2020 8:00am - 24/05/2020 2:00pm	
Venue	Canberra Park Resort	
Students/Class	Students from year 7 -12 (Junior Concert Band, Senior Concert Band, String Orchestra)	
Cost of excursion	\$315.00	
Transport	Coach	
Supervision	Kylie Collins-Gardner, Megan Bennett, Andrew Wallace	
Please bring	Please see Tour Information Package (distributed later in Term 1)	
Students must wear	Please see Tour Information Package (distributed later in Term 1)	
Food	included at accommodation	
Additional information	N/A	

Kylie Collins-Gardner 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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Excursion: National Eisteddfod Canberra 2020	Payment
Date: 22/05/2020 8:00am - 24/05/2020 2:00pm	Code
Return this portion to the Front Office (7-12) by 13/03/2020	EBS

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

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

☐ My child's medical details <u>HAVE</u> 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):

□ <i>Cash:</i> \$ enclosed
Cheque: Cheque enclosed for \$
Online: Amount Paid: Receipt Number
Signed (Parent/Guardian) Date