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	Reprise
Date(s)	14/02/2020 12:50pm - 3:05pm
Venue	HSPA Theatre
Students/Class	11MU1.3, 11MU1.6, 11MU2, 12MU1.4, 12MU1.5, 12MU2
Cost of excursion	$25.00
Transport	N/A
Supervision	Sarah Reeve, Kylie Collins-Gardner, Glenyss Rae
Please bring	N/A
Students must wear	Full School Uniform
Food	N/A
Additional information	Reprise is a concert which showcases some of the best HSC Music performances from the Hunter Region in 2019. A wide variety of different musical styles and instruments will be presented covering a variety of the course topics.

Sarah Reeve
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: Reprise
Date: 14/02/2020 12:50pm - 3:05pm
Return this portion to the Front Office (7-12) by 10/02/2020

Payment Code N/A

☐ I give permission for my child .... of Year .... 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):*

☐ *Cash:* $ .... enclosed

☐ *Cheque:* Cheque enclosed for $ ....

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

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

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