



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.

<b>Excursion/Activity</b>	Discovery Day
<b>Date(s)</b>	16/10/2019 09:00am - 03:00pm
<b>Venue</b>	St Mary's Catholic College Gateshead
<b>Students/Class</b>	All of Year 6
<b>Cost of excursion</b>	\$14.00
<b>Transport</b>	Depart by bus at 9am from HSPA and return at 3pm to HSPA.
<b>Supervision</b>	Mikhaela Adam, Elese Murray, Cassie O'Brien, Ruth Morris
<b>Please bring</b>	Pencil and eraser.
<b>Students must wear</b>	Full school uniform.
<b>Food</b>	Water bottle, packed recess and lunch.
<b>Additional information</b>	N/A

Mikhaela Adam  
 Teacher in charge of excursion

Karen O'Neill  
 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: Discovery Day**

**Date: 16/10/2019 09:00am - 03:00pm**

Return this portion to the Primary Office (3-6) by 23/09/19

Payment 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 .....