



Hunter School Of The Performing Arts Overnight/Water/Sport Excursion/Incursion Form

EF3
P1/3

Dear Parent/Caregiver,

An excursion/activity has been organised for your child.

Excursion/Activity	Year 6 Canberra Excursion	
Date(s)	Wednesday 3 rd – Friday 5 th April 2019	
Venue	Canberra Park Resort – Cnr Federal Highway and Old Well Station Road, Canberra`	
Students/Class	Year 6	
Cost of excursion	\$435	
Times/Places	Depart: 6am from HSPA	Return: 7pm to HSPA
Transport	Coach	
Supervision	To be advised	
Please bring	Additional information note to be provided in Term 1	
Students must wear	Additional information note to be provided in Term 1	
Additional information	Additional information note to be provided in Term 1	

.....
Teacher in charge of excursion

L. O'Neill
.....
Deputy Principal

Medical Disclaimer

Parents - please note there is no personal injury insurance cover provided by the NSW Department of Education and Training 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: Year 6 Canberra Excursion Date: **3 – 5 April 2019**

Return this portion and the attached medical information form to the **FRONT OFFICE**

by: 01/03/2019. Payment must accompany this permission form.

Office Use Only
ebs
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I give permission for my childof Year / Class.....
to attend the excursion/activity above.

Payment Method:

- Cash:** \$ enclosed
- Cheque:** Cheque enclosed for \$
- Online:** Amount Paid: Receipt Number

Signed (Parent/Guardian) Date



Hunter School Of The Performing Arts
Overnight/Water/Sport Consent and Medical Information Form

EF3
 P2/3

YEAR 6 CANBERRA EXCURSION

Faculty

PRIMARY

Teacher in Charge

R WILSON

Student Details

Surname

Given names

Address

Post Code

School Year

Date of Birth

Age

Male

Female

Are you of Aboriginal
 or Torres Strait Island
 descent?

Are you or your parents
 from a Non-English
 speaking background?

Yes No

Yes No

Excursion

Venue

Canberra Park Resort

Dates (from)

03/04/2019

Dates (to)

05/04/2019

Transport

Coach

Departure Time / Place

6am HSPA

Return Time / Place

7pm HSPA

Private Transport

Name of Driver:

Registration No.:

Note: Student Driver / Passenger of Student Driver must complete additional permission note.

Parent/Guardian Details

	Mother/Guardian	Father/Guardian	Guardian/Other Contact
Full name of parent or guardian			
Home phone			
Work phone			
Mobile			

Special/Dietary Needs

Please identify any special needs or requirements not listed above (eg diet, wheelchair access etc)

Has he/she had the Tetanus injection in the last three years?

Yes No Year

Swimming Ability excursion

Not Applicable to this

- Strong – 50 metres unaided
 Average – 25 metres unaided
 Poor – 10 metres unaided
 Non Swimmer

Medical Information

Does the participant suffer from any of the following:

- Any allergic condition
 Skin condition
 Diabetes
 Epilepsy, fits or blackouts
 A disability or chronic illness
 Asthma (include asthma plan)
 A current illness eg Flu
 Other

If yes to one or more, please give details (attach sheet if required)

Medicare Number:

Position number on Medicare Card

Private Health Insurance Fund

Membership Number

Do you have ambulance cover? Yes No

Current Medication

Name	Time and Dosage – Please specify exact time of medication									
	Breakfast		Lunch		Dinner		Before Bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
eg Bricanyl	8am	2 puffs	12.30pm	2 puffs	6pm	2 puffs	8pm	2 puffs		

Notes:

- Scheduled medication must be provided in the original container (as required by legislation).
- All medications will be collected and administered by staff, unless notified in writing to the contrary.
- Staff will supervise and register the taking of all medication.

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Other Information:
