



## 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	Primary Swimming Carnival	
Date(s)	Tuesday 12 <sup>th</sup> February 2019	
Venue	Mayfield Swimming Pool	
Students/Class	All Primary	
Cost of excursion	\$10	
Times/Places	Depart: <b>9:15m</b> from <b>HSPA</b>	Return: <b>3:00pm</b> to <b>HSPA</b>
Transport	Bus	
Supervision	All Primary Staff	
Please bring	Swimwear, towel, sunscreen, water, recess, lunch, hat	
Students must wear	Students can wear clothing in their house colour or normal uniform. Thongs can be worn.	
Additional information	For student safety, all students must come to school and travel by bus to the carnival. No student is to meet at the venue. We expect all students to attend as this day is a most valuable day for establishing friendships, building school and team spirit, with an emphasis on fun and participation, not results. Parents are encouraged and most welcome to attend.	

Teacher in charge of excursion

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



**Excursion: Primary Swimming Carnival** Date: **12/02/19**

Office Use Only  
 ..... - .....

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

by: 04/02/2019. Payment must accompany this permission form.

I give permission for my child ..... of 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

**PRIMARY SWIMMING CARNIVAL**

**Faculty**

Primary

**Teacher in Charge**

Bianca Jennings

**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?

Yes  No

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

Yes  No

**Excursion**

Venue

Mayfield Pool

Dates (from)

12/02/2019

Dates (to)

12/0/2019

Transport

Bus

Departure Time / Place

9:15am HSPA

Return Time / Place

3:00pm 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

[Empty text box for special needs]

[Empty text box for 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:**

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

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**Other Information:**