



## 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.

<b>Excursion/Activity</b>	Year 6 Canberra Excursion
<b>Date(s)</b>	Wednesday 3 <sup>rd</sup> – Friday 5 <sup>th</sup> April 2019
<b>Venue</b>	Canberra Park Resort – Cnr Federal Highway and Old Well Station Road, Canberra
<b>Students/Class</b>	Year 6
<b>Cost of excursion</b>	\$415
<b>Times/Places</b>	Depart: <b>6am</b> from <b>HSPA</b> <span style="float: right;">Return: <b>7pm</b> to <b>HSPA</b></span>
<b>Transport</b>	Coach
<b>Supervision</b>	To be advised
<b>Please bring</b>	<b>Additional information note to be provided in Term 1</b>
<b>Students must wear</b>	<b>Additional information note to be provided in Term 1</b>
<b>Additional information</b>	<b>Additional information note to be provided in Term 1</b>

*R. Wilson*  
 .....  
 Teacher in charge of excursion

*d. 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  
*e.B.S.*

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**  
**YEAR 6 CANBERRA EXCURION**

**EF3**  
P2/3

<b>Faculty</b> PRIMARY	<b>Teacher in Charge</b> R WILSON
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**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?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Excursion**

Venue	Dates (from)	Dates (to)
Canberra Park Resort	03/04/2019	05/04/2019
Transport	Departure Time / Place	Return Time / Place
Coach	6am HSPA	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**

	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:**