



**Hunter School of the Performing Arts
Overnight/Water/Sport Excursion/Incursion Consent Form**

EF3
P1/3

Dear Parent/Caregiver,

An excursion/activity has been organised for your child.

| | |
|-------------------------------|--|
| Excursion/Activity | Year 7 Orientation Camp |
| Date(s) | Monday, 11 February to Wednesday, 13 February 2019 (Week 3 of Term 1) |
| Venue | Great Aussie Bush Camp |
| Students/Class | All Year 7 |
| Cost of excursion | \$300 |
| Times/Places | Depart: 9 am from HSPA Return: 3 pm to HSPA |
| Transport | Coach |
| Supervision | Ms Singh (Year Adviser), Ms Harvey-Bice (Deputy Principal) |
| Please bring | A full gear list will be provided closer to the date. |
| Students must wear | Comfortable and Casual clothes |
| Additional information | Year 7 Camp is a vital part of the school's co-curricular activities. It is held to develop and cement friendships, to challenge comfort zones, to make lasting memories and have fun out of the traditional school environment. |

.....
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

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Excursion: Year 7 Orientation Camp Date: **11-13 February 2019**

| |
|------------------------------|
| Office Use Only Yr 7 Camp |
|------------------------------|

Return this portion and the attached medical information form together with your payment to Hunter School of the Performing Arts, PO Box 1, BROADMEADOW NSW 2292.

Payment:

- **\$50 Deposit required by 19 October 2018;**
- **Full Payment required by 11 December 2018**

I give permission for my child of Year 7 2019 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 7 Orientation Camp

Faculty

Welfare

Teacher in Charge

R Singh

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

Great Aussie Bush Camp

Dates (from)

11/02/2019

Dates (to)

13/02/2019

Transport

Coach

Departure Time / Place

9 am / HSPA

Return Time / Place

3 pm / 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

Not Applicable to this excursion

- 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 |
| Name 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: