



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.

Excursion/Activity	Junior Stage Band Day Camp
Date(s)	24/11/2020 8:30am - 25/11/2020 3:00pm
Venue	*In School
Students/Class	Junior Stage Band members
Cost of excursion	\$40.00
Transport	* weekend - parents/caregivers. * usual transport to and from school.
Supervision	Kylie Collins-Gardner, Glenyss Rae
Please bring	instrument
Students must wear	Appropriate casual clothes.
Food	Bring recess and lunch.
Additional information	Please refer to attachments in email for all relevant information

Kylie Collins-Gardner
 Teacher in charge of excursion

Bree Harvey-Bice
 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: Junior Stage Band Day Camp
Date: 24/11/2020 8:30am - 25/11/2020 3:00pm
 Return this portion to the Front Office (7-12) by 09/11/2020

Payment
Code
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