



**Bomaderry High School**

**Excursion**

**Parent and Caregiver Information**

Dear Parent/ Caregiver,

Deputy Signature: \_\_\_\_\_

Your son/daughter’s class will be going on excursion to Shoalhaven Campus on Tuesday 13<sup>th</sup> and 20<sup>th</sup> June The excursion has been planned to supplement work being done in the following area:

- |                                   |   |                                       |   |
|-----------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> English  | <input type="checkbox"/> Aboriginal Education | <input type="checkbox"/> Maths        | <input type="checkbox"/> HSIE                               |
| <input type="checkbox"/> Language | <input type="checkbox"/> TAS                  | <input type="checkbox"/> PDHPE        | <input type="checkbox"/> Science                            |
| <input type="checkbox"/> Support  | <input type="checkbox"/> Creative Arts        | <input type="checkbox"/> School Sport | <input type="checkbox"/> SRC <input type="checkbox"/> Other |

The cost of the excursion is \$0

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Pay at the Office | <input type="checkbox"/> Other ..... |
|--|--------------------------------------|

The class will depart from: School Other (private transport) at 9.05 am/pm

and return to: School Other (private transport) at 3.00 am/pm.

Note: The bus will not wait for late students at the start of the excursion. There will be no supervision of students leaving the bus away from the school at the end of the excursion. Please ensure that students are picked up promptly on return from the excursion.

- Students are expected to return to school after the excursion and bring books for periods .....

The group will be supervised by Mrs. Cathy Russell The staff member with Emergency Care training is Mrs. Cathy Russell. Students will be unsupervised during the following times N/A

Travel will be by route bus  charter bus  train  ferry  foot  Other .....

Private vehicle:  teacher/teacher’s aide driver  parent driver  student driver

**PLEASE NOTE: ‘Use of private motor vehicle by students on school activities’ form must be given to all student drivers. This sheet outlines conditions and includes a permission note for parents allowing the student to drive and transport passengers.**

- Full school uniform must be worn. Students not in school uniform will not be allowed to attend the excursion.
- Other .....

Students will need the following items: Cricket whites, lunch, drinks, sunblock

**Privacy Notice**

Note: A privacy notice must appear on all forms issued by the Department of Education used for collecting personal information. The information provided on this form is being obtained for the purpose of ensuring suitable supervision and care of the student while on the excursion. Other persons/agencies that will be provided with this information are medical staff if parents have agreed to teachers seeking medical assistance in case of emergency, police, Department of Education and Training personnel approved by the local School Education Director or Regional Director. Provision of this information is required by law. It will be stored securely.

If you do not provide all or any of this information, your son/daughter will not be able to attend the excursion.

**Medical Information**

Parents/Caregivers – please provide medical information which will ensure the safety and well being of your child on THIS excursion . Attach additional information if necessary.

Special needs of my child (e.g. allergies, medication.) Please tick where applicable and provide full details:

- Medication (please state:):.....
- Food requirements:.....
- Allergies: .....
- Other: .....

**Photographing and filming permission (please complete)**

On excursion photographs and video of students engaging in activities are occasionally taken by teachers/teachers’ aides, media representatives from the excursion venue or general media. These images are generally used to record/publicise the event.

I do / do not consent to my son / daughter ..... Being videoed or photographed on this excursion. I understand that by giving consent, images and the name of my son/daughter can be published in electronic print media.

Parent’s Signature: ..... Date: .....

**Passenger Consent – travel in a private vehicle (complete if applicable)**

- Teacher Driver
- Parent Driver
- Student Driver

I do/ do not consent to my son/daughter.....travelling as a passenger in the following car: Registration number ....., driven by ..... To an from ..... on (date).....

Parent’s Signature..... Date:.....

**If you have any difficulty understanding this note or would like further information, please phone the school on 44210699. An alternative consent form will be included for all activities involving water or swimming activities or an overnight stay.**

**Water or Swimming Activities Permission (complete if applicable)**

The excursion will involve the following water or swimming activities: .....

These activities will take place at: .....

In relation to the proposed water or swimming activities, I advise that my child is a: (please tick one)

- strong swimmer
- average swimmer
- poor swimmer
- non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water: .....

I undertake to provide this device so that my child can participate in the excursion. Yes / No

I give / do not give permission for my child to participate in the water or swimming activities.

**Parents and Caregivers Excursion Permission – please return by 13/06/2017**

I do/do not consent to ..... participating in the excursion to ..... on ...../...../..... I enclose \$..... as the cost of the excursion. I am aware that my son/daughter must wear full school uniform if ticked on the previous page. I give / do not give permission for my child to receive medical treatment in case of emergency.

Parent Name: ..... Signature:.....Date:.....