



HENRY KENDALL HIGH SCHOOL

CHANGE OF DATE

EXCURSION INFORMATION AND CONSENT FORM

Dear Parent/Caregiver

31 August 2015

Your child has been invited to attend the Northcott Society's Annual Athletics Carnival at Blacktown International Athletics Centre on Thursday 10 September 2015.

Travel will be by Wheeling and Able Buses. The class will depart from school at 8.00am. Please ensure your child is at the Special Education Centre Car Park by 7.50am. Students will return to school at 3.00pm approximately.

The cost for the day is \$15.00

Dress to and from the venue: Full school sports uniform. Students not in full school sports uniform will not be permitted to attend, this includes suitable footwear. Students also need to bring a hat and sunscreen.

Students need to bring their own morning tea and lunch. They may also purchase a sausage sandwich for \$2.50 as an extra snack if time permits. Please ensure that their supplies are in a small bag as space is limited on the bus.

The group will be supervised by Mrs Bennett

Please complete details below and return by Tuesday 1 September 2015. If photos are taken on this excursion, we require your permission to publish these in our newsletter and website. Please indicate below if you give permission.

N.B No student will attend an excursion if the permission note and payment have not been received prior to the excursion date.

Yours faithfully

Principal:
Andrew Backhouse

Teacher:
Bronwyn Bennett

(This excursion is part of the students' learning program and has the Principal's approval)

✂

Please return this note with payment to Mrs Bennett

I hereby consent to (student's name) in Year ____ participating in an excursion to the Northcott Society's Annual Athletics Carnival at Blacktown International Athletics Centre on Thursday 10 September 2015. I also give permission for photographs to be taken and published in the school's newsletter and/or school website - **YES / NO** (please circle).

.....
Parent/Caregiver Name (Please print)

.....
Parent/Caregiver Signature

.....
Date

Is your child Anaphylactic

☐ No

☐ Yes

Allergic to:

Where will the EpiPen be located on this excursion:

Special needs of my child of which you should be aware (e.g., allergies, medication – please provide full details):

.....

Parent/Caregiver Contact No(s): (on date of this excursion)

Student's Mobile No: