



# HENRY KENDALL HIGH SCHOOL

## INCURSION INFORMATION AND CONSENT FORM

Dear Parent/Caregiver

14 September 2015

Student Welfare is integral to all aspects of school life at Henry Kendall High and as a school community we aim to ensure that a safe and supportive environment and culture is created and maintained at all times.

To reinforce this positive culture, the Henry Kendall High Welfare team are conducting a **Wellbeing Day** for Year 8 on Friday 9 October 2015. The focus of the day will be mental health. It will also target the role of a bystander and how to help friend in need.

The program will involve the following:-

- Session 1 – Guest Speaker – overcoming adversity
- Session 2 – Mental Health Presentation
- Session 3 – Role Play Scenarios
- Session 4 – Online modules in computer rooms
- Session 5 – Team building exercises

The Welfare Team look forward to a challenging and rewarding day with the Year 8 cohort.

If you have any questions, then please contact the Year Adviser on 4325 2110.

***Please complete details below and return by Tuesday 6 October 2015. If photos are taken on this incursion, we require your permission to publish them in our newsletter and website. Please indicate below if you give permission.***

Yours faithfully

Mr Andrew Backhouse  
Principal

Mrs Tracy Smith  
Head Teacher  
Student Services

Miss Carly Brien  
Year 8 Adviser

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



***Please return this permission note to the office by Tuesday 6 October 2015***

I hereby consent to \_\_\_\_\_ (student's name) in Year \_\_\_\_\_ participating in the Wellbeing Day held on Friday 9 October 2015 at Henry Kendall High School.

I also give permission for photographs to be taken and published in the school's newsletter 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, anaphylaxis, etc.) – please provide full details:

Parent Contact No.: \_\_\_\_\_