



HENRY KENDALL HIGH SCHOOL

Principal - Andrew Backhouse

INCURSION INFORMATION AND CONSENT FORM

Dear Parent/Caregiver

30 May 2016

On Thursday 30 June 2016 Brainstorm Productions will be presenting their student wellbeing program, 'Verbal Combat' for Year 7 and Year 8 students at 2.00pm.

Verbal Combat is part of our student wellbeing curriculum and the program has been developed in consultation with teachers, psychologists as well as real life student experiences. The methodology of the program is safe, supportive and non-judgemental and designed to provide students with positive and useful tools that they can use in their everyday lives. Verbal combat addresses the dire consequences of cyber bullying and will help students understand that their digital footprints are hard to erase and so are their mistakes.

If you would like to know more about Brainstorm Productions, visit their website at www.brainstormproductions.edu.au

Cost: \$6.00 per student

All students will be attending the presentation.

Please complete details below and return by Friday 24 June 2016. If photos are taken on this excursion, we require your permission to publish them in our newsletter and website. Please indicate below if you give permission.

Yours faithfully

Andrew Backhouse
Principal

Jason Morris
Year 8 Adviser

Tarley Hawke
Relieving Year 7 Adviser

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

✂ -----

Please return this note with payment to the front office by Friday 24 June 2016

I hereby consent to _____ (student's name) in Year ____ participating in an incursion to the Verbal Combat, Wellbeing Program on Thursday 30 June 2016. 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: