



HENRY KENDALL HIGH SCHOOL

Principal – Andrew Backhouse

OVERNIGHT EXCURSION INFORMATION AND CONSENT FORM

Dear Parent/Caregiver

5 August 2016

Crossroads is a MANDATORY course for Stage 6 students in NSW Government Schools.

Crossroads reflects some of the contemporary health issues facing young people. It acknowledges and aims to support senior students as they address changing issues related to identity, independence and their changing responsibilities.

As part of the above course your son/daughter will study a unit of work including *Working at Relationships* and *Drug Issues*. These units are aimed at achieving the following outcomes:-

- Ability to establish and maintain positive and non-violent relationships.
- Knowledge and understanding of how drugs can influence aspects of their lives.
- Ability to communicate and interact effectively with others.

To enhance the learning of your child and to achieve the above outcomes in a very enjoyable and practical way we are proposing to organise an excursion to the Active Education Centre located at Mangrove Mountain. The program will provide an intensive experience for all students in areas such as relationships, teamwork, initiative activities, drug issues, interaction and leadership.

The excursion will take place during the SECOND week of Term 4. We will depart from Henry Kendall High Wednesday 19 October 2016 in the morning and will be returning to Henry Kendall High Thursday 20 October 2016 in the afternoon.

The total cost of the excursion will be \$150.00. To make things easier on families we will make payments for the camp in instalments during Term 3 as follows:-

1 st Instalment	Due 26 August	\$75.00 (with permission note)
2 nd Instalment	Due 23 September	\$75.00

For this small cost the students will experience high ropes course, giant swing, flying fox, relationship and drug discussions, social activities, accommodation, four meals and supper.

Travel will be by bus and students need to be at school by 8.15am on Wednesday 19 October 2016 as we are leaving school at 8.30am. We will return to school by 2.30pm on Thursday 20 October 2016.

The group will be supervised by Mr John Newman.

To allow your son/daughter to attend this excursion please fill in the form following and return it to the front office with the 1st instalment of \$75.00 by Friday 26 August 2016. If photos are taken on this excursion, we require your permission to publish in our newsletter and website. Please indicate below if you give permission.

PLEASE NOTE: Students who do not attend camp are to attend school as normal and complete a 3000 word written alternative both at school and in their own time.

Yours faithfully

Principal:
Andrew Backhouse

Head Teacher PD/H/PE:
John Newman

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



HENRY KENDALL HIGH SCHOOL

Please return this note to Front Office with 1st instalment of \$75.00 by Friday 26 August 2016

I, _____ hereby consent to my child _____ participating in the Year 11 Crossroads Camp at the Active Education Centre on Wednesday 19 October and Thursday 20 October 2016.

I allow my child to travel to the venue by bus under the supervision of the teachers involved. I also am fully aware of all activities that will take place on the excursion.

If required, I consent to the supervising teacher seeking any medical aid that he/she feels is necessary. 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: _____

Does your child suffer from any medical condition?

Give details of any medication your child is currently taking?

Give details of any allergy your child has?

In what year was your child last immunized against tetanus? _____

Medicare Number _____

.....
Parent/Caregivers Name

.....
Parent/Caregivers Signature

.....
Date

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

Student's Mobile No:

Please also complete the medical form attached and return with the permission note.