

## HENRY KENDALL HIGH SCHOOL

Principal - Andrew Backhouse

## **EXCURSION INFORMATION AND CONSENT FORM**

Dear Parent/Caregiver 18 August 2017

Your child has been selected to represent Henry Kendall High School at the Northcott Interschool Athletics Carnival at Blacktown International Sportspark Athletics Centre, Rooty Hill on Wednesday 6 September 2017.

Travel will be by Wheeling and Able Buses. The class will depart from school at 8.45am. Students will return to school in time for normal transport home.

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. Please ensure that their supplies are in a small bag as space is limited on the bus.

The group will be supervised by Ms Dani Bath

Student's Mobile No: .....

Please complete details below and return by Friday 1 September 2017. 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 Teacher: ..... Principal: ..... Andrew Backhouse (This excursion is part of the students' learning program and has the Principal's approval) Please return this note with payment to Ms Bath by Friday 1 September 2017 I hereby consent to \_ (student's name) in Year \_\_ \_ participating in an excursion to the Northcott Interschool Athletics Carnival at Blacktown International Sportspark Athletics Centre, Rooty Hill on Wednesday 6 September 2017. 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 Is your child Anaphylactic П No П 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)