



✈ Online Form - Girrakool school sports visit

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|--------------------------------|---|
| Activity Name: | Girrakool school sports visit |
| Date/Time: | <ul style="list-style-type: none"> Tuesday 12 March 2024 1:10pm - 2:20pm Tuesday 19 March 2024 1:10pm - 2:20pm Tuesday 26 March 2024 1:10pm - 2:20pm Tuesday 2 April 2024 1:10pm - 2:20pm Tuesday 9 April 2024 1:10pm - 2:20pm Tuesday 30 April 2024 1:10pm - 2:20pm Tuesday 7 May 2024 1:10pm - 2:20pm Tuesday 14 May 2024 1:10pm - 2:20pm Tuesday 21 May 2024 1:10pm - 2:20pm Tuesday 28 May 2024 1:10pm - 2:20pm Tuesday 4 June 2024 1:10pm - 2:20pm Tuesday 11 June 2024 1:10pm - 2:20pm Tuesday 18 June 2024 1:10pm - 2:20pm Tuesday 25 June 2024 1:10pm - 2:20pm Tuesday 2 July 2024 1:10pm - 2:20pm |
| Description: | Staff and students from Girrakool School will visit each Tuesday to assist with Special Education sport. |
| Venue: | School |
| Dress Code: | Full Sports Uniform. |
| Additional Information: | <p>Student volunteers from Girrakool School are involved in supporting and assisting our students to access a variety of sporting activities.</p> <p>All students are closely supervised by staff from both Girrakool and Henry Kendall High School.</p> |
| Due Date: | Tuesday 12 March 2024 |

* indicates a required field

I have read the above details and give consent for my child, to attend the Girrakool school sports visit. I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate

under public health orders. *

☐ Yes ☐ No

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Emergency Contact Name: *

Emergency Contact Phone Number: *

Medical Conditions (including any medication required):

Dietary Requirements:

I give permission for my child to be recorded or photographed to promote the event on local and social media: *

☐ Yes

☐ No

I have read the attachment and fully understand the Department of Education Mandatory Consent Information:

☐ Yes

Parent/Carer Signature: *