

SCHOOL EXCURSION / CAMP NOTIFICATION

Dear Parent/Caregiver, an excursion/activity has been organised for your child.

Excursion / Incursion	Yr 7 Camp 2021 (group 1)
Date	Monday 22nd February 2021 - Wednesday 24th February 2021 (Year 7 Camp Group 1)
Year / classes involved	120 students from year 7
Location	Sydney Academy of Sport and Recreation
Educational Outcomes	To give all students the opportunity to make new friends, cooperate with their peers and participate in fun outdoor and indoor activities
Start time	7:45am
End time	3:00pm
Transport	Buses to and from School
Cost	\$380.00
Food	All meals are catered
Dress requirements	Casual/Comfortable
Equipment	Sleeping bag, pillow, bed linen, comfortable clothing ,toiletries, sunscreen, hat, spare old shoes, towel.
Additional information	Please ensure that you complete the Chatswood High School medical consent forms and return to school promptly with the permission note.
Organising teacher	Kirrally Amery
COVID 19-Safety	A COVID-19 Safety Plan has been completed in preparation for this excursion. Students who are unwell should not attend this learning event and should a student display COVID symptoms during the event, parents will be contacted to collect the student.
Head Teacher	Tanya Leigh
Teachers attending	Kirrally Amery, Robert Wajzer, Vanessa Lo, Hunter Ashton, Tanya Leigh, Samantha Langshaw, David Chow, Amelia McNamara
Consent Form and Payment due to Office by	10th February 2021

General Information Concerning Excursions / Incursions

1. Excursions and Incursions form an integral part of the curricula by providing enriching experiences which cannot be provided in the classroom.
2. Students must wear full school uniform unless otherwise instructed above. Students who are not in uniform will not be allowed to attend.
3. A standard of behaviour is expected of all students representing the school in the greater community.
4. Students may be excluded from an excursion / incursion if they are on Level 3.
5. Please note the time and place of departure and return, as advised above.

EXCURSION / INCURSION PERMISSION FORM

Please return this permission form with your payment to the Office

Excursion / Incursion	Yr 7 Camp 2021 (group 1)
Date	Monday 22/02/2021 7:45am - Wednesday 24/02/2021 3:00pm (Year 7 Camp Group 1)
Location	Sydney Academy of Sport and Recreation
Cost	\$380.00
Organising Teacher	Kirraly Amery
Due Date	10th February 2021

I give permission for (student name) _____

of year/class _____ to participate in this excursion / incursion.

I have noted the times of departure / return and dress requirements.

I accept the additional measures in place in respect to COVID safety.

I confirm my child has not been to nor been in contact with anyone from an identified Covid-19 hotspot area or overseas

I can confirm my child is compliant with the most current Public Health Order regarding Covid-19.

Additional needs of my child of which you should be aware: eg. allergies or medical conditions

Medical Assistance: In the event of any accident or illness, I authorise the teacher in charge to seek medical assistance or treatment for my child at my cost.

Parent signature: _____

Parent name: _____ **Date:** _____

Parent phone number: _____

Student Mobile number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

PAYMENT OPTIONS

Online - Westpac Parent Payment System

Receipt # _____ *Date paid:* _____

Cash (correct amount please)

Cheque (payable to *Chatswood High School*)

Please return this consent form with your payment to the Office

Excursion Name: Yr 7 Camp 2021 (group 1)

MEDICAL CONSENT FORM

STUDENT NAME:

Year:

PARENT or CARER'S CONTACT DETAILS

Name:

Address:

Contact Number:

DOCTORS CONTACT DETAILS

Name:

Address:

Doctors telephone:

EMERGENCY CONTACT(s)

Details nominated by the parent or caregiver as alternate contact

1. Name

Contact Number:

2. Name

Contact Number:

Medicare Number: (optional) _ _ _ _ _

List existing medical conditions or illnesses. (Including asthma, diabetes, epilepsy, allergies etc) Outline the treatment for each.

Outline special dietary needs including reaction to inappropriate diet

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

Privacy Statement

Chatswood High School of 24 Centennial Avenue Chatswood NSW 2067 will collect and store the information you voluntarily provide to enable processing of enrolments for the program. The information will be provided to relevant staff and be provided to medical professionals where necessary. You consent to these disclosures. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose from which it is collected. Any information provided by you to Chatswood High School can be accessed by you during school hours and updated by emailing us or by contacting us on 94193611.

Signature:

Date:

Please return by: 10th February 2021