

Koorungal High School

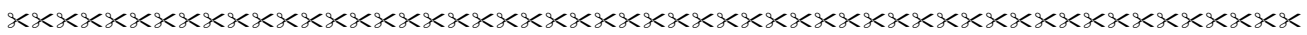


The School would like to inform you of an excursion that has been arranged for your child's participation.

Subject / Sport	
Date of Excursion	
Destination	
Excursion Name	
Time / Place ... Departure	
Time / Place... Return	
Type of Transport	
Cost of Excursion	
Special Requirements	
Dress Requirements	

If you agree to your child attending the excursion, will you please sign the slip below and return it to the teacher concerned.

Excursion Coordinator Deputy / Principal



Please complete, detach and return to By

Koorungal High School - Excursion Consent Form

Student Name: _____ **Year:** _____

Address: _____

Telephone... Home _____ **Work / Mobile** _____

*I hereby consent to my son/daughter/ward to attend the excursion to
 on Involving travel by which has been approved
 by the Principal. I also give consent to the School to seek medical treatment for my child should the need arise.*

Signature Date
[parent/caregiver]

I have made an online payment. My receipt number is:

Swimming activities only

Please indicate the swimming ability of your child *[tick the appropriate*

box] strong [50m in 50sec] good [50m] poor [20m] non swimmer

Signature Date
[parent/caregiver]

Koorinal High School



Medical information form

The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about Students who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Koorinal High School

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

Student Name: **Year:**

Medicare number:

Any relevant Medical details

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Doctor contact details

Name:

Doctor's telephone:

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. **Name:**

Phone: