Day Trip School Excursion/Incursion Consent Form - Year 7 Camp 2023 - Leaders

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

Date	Monday 13th February 2023 - Wednesday 15th February 2023 (Students will need to be at school by 8.15am on Monday 13 February. On Wednesday 15 February, students will be returning to school at approximately 2pm - The school will be notified and the time published on our schools FaceBook page throughout the day).	
Time	8:30am to 2:30pm	
Venue	Great Aussie Bush Camp	
Students/Class	Year 7 2023 and school leaders	
Cost of Excursion	\$166.50 (Cash, Cheque, Online at nararavaly-h.schools.nsw.gov.au) Please pay a \$100.00 deposit by Tuesday 22 November 2022 with the final payment due by 3 February 2023. Please use description Year 7 Camp 2023.	
Transport	Students will be travelling by bus to and from The Great Aussie Bush Camp	
Supervision	Lauren Rolfe, Nicole Ludlam, Max Enders	
Students must wear	Students to pack clothing appropriate for a 3 day and 2 night Camp. Please review the attached list of suggested clothing. It is important that students pack the appropriate footwear. School uniform is NOT required.	
Food	All meals provided. Please indicate if there are any dietary requirements as well as allergies and intolerances	
Please bring	se bring Please review the attached document which outlines the equipment needed.	
Further Information	Please outline any relevant medical information. If your child takes medication please ensure that this is brought to school on the morning of the camp and given to Lauren Rolfe in a sealed zip lock bag with your child's name and dispensing instructions. Please complete medical section on forms.	

ADDITIONAL INFORMATION

All students are expected to co-operate fully with school personnel, supervisors, members of the public and others who may be involved in excursion delivery.
For travel by private motor vehicle an additional permission note is attached.
Additional information - mandatory for private vehicle, seniors driving, overnight or water activity excursions (see over page if appropriate).
It is parents/guardian responsibility to ensure safety of their child to and from meeting place if travel is by make your own way.

Please note: The completion of this form does not automatically imply that your child will be allowed to attend this excursion. If your child has been on Code 3 during the year they may not be allowed to attend. If your child has been on Code 4 or 5 during the year they will not be allowed to attend.

IF A STUDENT MISBEHAVES ON THE EXCURSION THEY FACE THE CONSEQUENCE OF BEING BANNED FROM EXCURSIONS FOR 1 YEAR

PRIVACY ADVICE

The information provided on the Education Excursion Parent / Caregiver Consent / Medical information form for the above excursion is being obtained for the purpose of verifying student consent to participate, acknowledgement of awareness of excursion details and supervision arrangements and gathering relevant medical information (including dietary requirements for student safety purposes. Photographs may be taken of students on this excursion for educational purposes and displayed within the school, on the schools intranet or in the school magazine. If you do not want photographs to be taken of your son/daughter for education purposes, please contact the Teacher-in Charge of the excursion (as above) or the school office on 43293780. It will be used by the NSW Department of Education for the above excursion. If applicable, other persons and/or agencies that will be provided this information are emergency services for the purposes of student safety. Provision of this information is required by law / voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the Teacher-in Charge of the excursion (as above) or the school office on 43293780.

Excursion Coordinator: Lauren Rolfe Principal: Andrew Skehan



Narara Valley High School

Permission Note For: Year 7 Camp 2023 - Leaders	Faculty: Welfare	Cost: \$166.50
	ical form and return to the office by: n will be made on this date - If not enough stude	
I hereby consent to my childexcursion.		o participate in this educational
Doctor Contact Details		
Name:	Address:	
Doctor's Phone:	Mobile:	
Parent/Caregiver Details		
1. Name:	. Phone:	
2. Name:	. Phone:	
Emergency Contacts		
1. Name:	. Phone:	
2. Name:	. Phone:	
treatment for each.	/ illnesses (include asthma, diabetes	
	ding possible reaction to inappropri	
	ministered during the excursion? If y stration, time of administration, and	
THIS MAY INCLUDE TRANSPORTA I understand that the supervising tead arise. I understand that if a cost is included that they may be banned from all exc	·	PITAL. lisciplinary or safety reasons that may ome that I will cover any costs and
Signature of Parent/Caregiver:	Date: /	/