

Corrimal High School

Respect Responsibility Safety



Dear Parents/Carers

ACTIVITY DAY – TOWRADGI POINT – 20 November 2018

Corrimal High School will be participating in an all day activity day held at Towradgi Point and surrounding areas. Your child will participate in a range of activities throughout the day including swimming in the ocean pool, beach sports, novelty and initiative games and mixed sports. Students are to meet at Bellambi Public School at 8:35am and will be walked to Towradgi Point with their teachers. At the completion of the activities, students will be walked back to Bellambi Public School for dismissal.

| DETAILS OF EXCURSION | | | |
|-----------------------------|--|----------------------------------|--|
| Venue | Towradgi Park and surrounding areas | | |
| Day/Date | Tuesday 20 November 2018 | | |
| Times | Start | 8:35am at Bellambi Public School | Finish 2:50pm at Bellambi Public School |
| What to Wear | Full Corrimal High School uniform, suitable swimwear, sunscreen, hat, towel | | |
| Transport | Walking | | |
| Supervising Teachers | Corrimal High School staff | | |
| Activities | Walking, Swimming, Sports, Beach Sports, Novelty Games, Initiative Games, BBQ Lunch Supplied | | |

If you would like any additional information please contact the organising teacher at the school on 4285 1199

If you would like your student to attend,
please complete the attached Consent Form and return by

Monday 19 November 2018

Regards

Mr Ben McDonald
Organising Teacher

Mr Paul Roger
Principal



I give permission for my son/daughter _____ of Year ____ to attend the **Excursion** as outlined on the previous page:

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I have read the information issued and I hereby consent to my child participating in this excursion.

Publishing student information: The Department of Education may publish or disclose information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community. This information may include your child's name, age, information collected during this event such as photographs, sound and visual recordings of your child.

The communication in which your child's information may be published or disclosed include but are not limited to:

- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department's websites.
- Local and metropolitan newspapers and magazines and other media outlets.

Permission to publish: I have read the information about disclosing and publishing student information (above) and

I give permission

I do not give permission

for the Department to publish and disclose information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

Parent/Carer Name _____

Signature _____

Date _____

Mobile No _____

Please complete the following to assist us to support your child on the excursion. It is important that you provide any information that may be important for us to know given the activities the students will undertake.

Student Mobile Number: _____

Medical Information: List existing medical conditions or illnesses (including asthma, diabetes, epilepsy, allergies etc)

My child has no medical condition of which the school needs to be aware.

Outline (or attach) the **suggested treatment** for each.

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

Emergency Contact Person _____

Emergency Contact Number _____

Medicare Number _____

Swimming Ability

Not applicable

Strong Average Poor Non-swimmer

Special Dietary Requirements

Not applicable

Possible reaction to inappropriate diet

Suggested treatment