

Corrimal High School

Respect Responsibility Safety



Dear Parents/Carers

NRL REFEREE/COACHING QUALIFICATION – 20 November 2018

As part of the leadership program, students will have the chance to complete an NRL recognised coaching and refereeing qualification. This will involve online assessment, on the field and the co-ordination and running of gala day events.

DETAILS OF EXCURSION			
Venue	Bellambi Public School		
Day/Date	Tuesday 20 November 2018		
Times	Start	9:30am	Finish 12:30pm
What to Wear	Full CHS Sport Uniform		
Supervising Teachers	Mr Foster		
Activities	NRL Coaching and Refereeing Course		

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

Wednesday 14 November 2018

Regards

Mr Joel Foster
Organising Teacher

Mr Paul Roger
Principal

Corrimal High School

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

NRL REFEREE/COACHING QUALIFICATION – 20 November 2018 – Mr Foster

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