

Corrimal High School

Respect Responsibility Safety



Dear Parents/Carers

SRC LEADERSHIP WORKSHOP – 18 October 2018

On Thursday, 18 October, 2018, the in-coming Corrimal HS SRC will be undertaking leadership training before commencing office. They will be required to attend an all-day workshop at school.

DETAILS OF EXCURSION			
Venue	CHS Staff Common Room		
Day/Date	Thursday 18 October 2018		
Times	Start	9:00am	Finish 2:50pm
What to Wear	School uniform		
Transport	Nil		
Supervising Teachers	Mr Heng		
Activities	Leadership Training		
Cost	Nil		

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

Regards

Mr Arthur Heng
Organising Teacher(s)

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
