

# Corrimal High School

Respect Responsibility Safety



Dear Parents/Carers

## CAROLS IN CORRIMAL – FRIDAY 6 DECEMBER 2019

To prepare your students for their involvement in the Carols in Corrimal, they are required to attend a full rehearsal. This will be held at Robert Ziems Park Corrimal. Students will be required to remaining at the grounds until the completion of the Carols in Corrimal at 9:00pm

DETAILS OF EXCURSION			
<b>Venue</b>	Robert Ziems Park, Corrimal		
<b>Day/Date</b>	Friday 6 December 2019		
<b>Times</b>	<b>Start</b>	12:00pm	<b>Finish</b> 9:00pm
<b>What to Wear</b>	CHS Uniform		
<b>Transport</b>	Walking		
<b>Supervising Teachers</b>	Mr J Foster		
<b>Activities</b>	Carols in Corrimal Rehearsal, Setup and Performance		
<b>Cost</b>	NIL		

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 2 December 2019**

Regards

Mr Joel Foster  
Organising Teacher

Mr Paul Roger  
Principal

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

## CAROLS IN CORRIMAL – FRIDAY 6 DECEMBER 2019 – Mr J 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

\_\_\_\_\_  
\_\_\_\_\_