

Corrimal High School

Respect Responsibility Safety



Dear Parents/Carers

RELAY FOR LIFE – Saturday 12 October 2019

Corrimal High School has an established tradition of supporting the Relay for Life to promote awareness of cancer protection. Relay for Life also provides a chance for us to recognise and celebrate those who have overcome cancer or are undergoing treatment, as well as people who care for them. Once again, Corrimal High School will be participating in the Relay for Life 2019. It will be held on Saturday 12 October 2019 at Beaton Park. If you wish your child to attend please complete this form return to Mr Foster.

DETAILS OF EXCURSION				
Venue	Beaton Park, Wollongong			
Day/Date	Saturday 12 October 2019			
Times	Start	8:00am	Finish	9:00pm
What to Wear	Appropriate clothing and sun protection gear			
Transport	Private transport – students are to make their own way to and from the venue			
Supervising Teachers	Mr Foster			
Activities	Participation in the Relay for Life walk			

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

Friday 2 August 2019

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:

RELAY FOR LIFE – Saturday 12 October 2019 – 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

