

Corrimal High School

Respect Responsibility Safety



Dear Parents/Carers

PEER SUPPORT TRANSITION CAMP – Thursday 11 and Friday 12 March 2021

As a welcome to Corrimal High School and a chance to further engage with their Peer Support Mentors/Mentees, you are invited to attend the 2021 Peer Support Transition Camp. Super activities, fun learning and more.

DETAILS OF EXCURSION			
Venue	Cataract Scout Park		
Day/Date	Thursday 11 and Friday 12 March 2021		
Times	Start	8:00am	Finish 4:00pm
What to Wear	Comfortable and appropriate clothing with enclosed shoes. Other items included on attached checklist.		
Transport	Bus		
Supervising Teachers	Mr Foster, Mr McDonald and CHS Staff		
Activities	Challenge Valley Obstacle Course, Abseiling, Giant Swing and Caving - see attached, cooking and clean up as required.		
Cost	\$150.00		

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

Deposit \$50.00 due Friday 30 October 2020
Final payments due by Tuesday 1 December 2020

Regards

Mr J Foster
Organising Teacher

Mr Paul Roger
Principal

PLEASE NOTE THAT PAYMENTS CAN NOW BE MADE ONLINE AT
www.corrimal-h.schools.nsw.edu.au



EFTPOS FACILITIES ARE NOW AVAILABLE AT THE SCHOOL OFFICE

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

PEER SUPPORT TRANSITION CAMP – Thursday 11 and Friday 12 March 2021 – 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

