#### KHSlogo rixbw

|  |  |  |
| --- | --- | --- |
| EXCURSION – PARENT INFORMATION FORM | | |
| EXCURSION TITLE:  **□compulsory ☑□extra curricula** | Purpose: Year 7 Camp | |
| DATE: 10/3/2020-11/3/2020 | | |
| YEAR/GROUP: Year 7 | | |
| VENUE: Yarrahapinni Adventist Youth Centre | | |
| DEPARTING FROM: KHS Bus Stop | | TIME: 9:30am |
| TEACHER IN CHARGE: Kendl Cramer | | |
| COST: $100 | | School Uniform Required: No |
| OTHER INFORMATION: | | |

**PARTICIPATION AND REPRESENTATION**

* Students who are on suspension or monitoring cards may not be allowed to attend school excursions.

**CODE OF BEHAVIOUR:**

* The Kempsey High School code of behaviour applies at all times during the excursion.
* All excursions are for education purposes and, in agreeing to attend the excursions, students agree to fully participate in all organised activities.
* Students agree to follow all instructions given by staff and supervisors attending the excursion.
* Students will depart on the excursion from the stated departure point and will be dismissed from the stated return point not before the times stated on this note.
* The consumption of alcohol, cigarettes and illegal or performance enhancing drugs will not be tolerated. They are not accepted in the normal school environment and therefore will not be accepted at any time during the excursion.

**PRIVACY NOTICE:**

The personal information provided on this permission notice will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child on this excursion. The provision of this information is voluntary but your child may not be able to attend if it is not provided. This information will be stored securely and may be amended at any time by contacting the excursion organiser.

Please be aware that our child’s participation in this excursion may result in your child’s name, and/or photograph being recorded and appearing in a newspaper, school publication or on the Kempsey High School website.

If you have a concern with this please contact the excursion organiser.

|  |  |
| --- | --- |
| **Excursion Organiser: Kendl Cramer** | **Date:** |

#### KHSlogo rixbw

|  |
| --- |
| EXCURSION CONSENT FORM |
| **EXCURSION TITLE Year 7 Camp** |
| **DATE: 10/3/2020-11/3/2020** |
| **TEACHER IN CHARGE: Kendl Cramer** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical Details** | | | | | |
| Medicare Number | | Expiry Date: | | | |
| The date of my child’s last tetanus injection was: | |  | | | |
| Any medical details or special needs, which the excursion organiser might need to know: | | | | | |
|  | | | | | |
|  | | | | | |
| **Student details (Please print clearly** | | | | | |
| Student’s Full Name: | | | RAK: | | Year: |
| Student’s Mobile: | | |  | |  |
| Student’s Date of Birth: | | |  | |  |
| Address: | | | | | Post Code: |
| Parents/Caregiver Name: | | | | | |
| Phone (Home): | Work: | | | Mobile: | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parental Consent**   * I have read the information issued and I hereby consent to my child participating in this   Excursion / Program.   * I understand and agree to the travel arrangements both to and from the excursion by:  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Walking |  | Bus |  | Train |  | Private Car: | *Details Below* | | |  | | | | | | | | | | Private car: | Staff Member |  | | | | | | **□** | | Private car: | Parent: |  | | | | | |  | | *Note: If travelling by private vehicle then Comprehensive Insurance sighted and copied****.*** | | | | | | | | |  * I understand that my child will be under the supervision of the named excursion organiser. * I have sighted the excursion Code of Behaviour and agree that if my child seriously contravenes behavioural expectations, he/she may have their behaviour reported back to the school and be subject to the normal school discipline guidelines. | | |
| Signed : | (Parent/Caregiver) | Date: |