



# Woolgoolga High

Guy Wright  
Principal  
Centenary Drive  
Woolgoolga 2456

Phone: 66541500  
Fax: 66541936

## EXCURSION INFORMATION SHEET

Dear Parent or Guardian

\_\_\_\_\_ will be going on an excursion  
(student's name)

On **THURSDAY 19<sup>TH</sup> NOVEMBER 2015**

This excursion has been planned to **COFFS HARBOUR EDUCATION CAMPUS**

The cost of the excursion is **NIL**  
(words)

The class will depart from **WHS Bus Bay at 8:50am MUST LEAVE PROMPTLY**  
(place)

And return to **WHS Bus Bay at 3:00pm**

Accommodation (if overnight) \_\_\_\_\_

Travel will be by **BUS**  
(means of transport)

The group will be supervised by **Woolgoolga High School Staff**

Dress requirements **School Uniform**

Additional information \_\_\_\_\_

### Water or Swimming Activities

The excursion will involve the following water or swimming activity:

These activities will take place at \_\_\_\_\_

Please complete details on the attached page and return by **Monday 9<sup>th</sup> NOVEMBER**  
(date)

NB. Refunds only available up to \_\_\_\_\_ (date)  
In the event of student withdrawal in the 2 weeks prior to the excursion, full refunds will be given only in exceptional circumstances and only after all costs have been met.

*Please be advised that in the event of accident or injury the school does not carry medical insurance for students. This is an individual family responsibility if desired.*

**PLEASE KEEP THIS SIDE**



## RETURN TO MRS ROOK OR PDHPE STAFFROOM



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## EXCURSION CONSENT FORM

I hereby consent to \_\_\_\_\_ participating in an excursion  
(name)

To **RRISK – Reduce Risk Increase Driver Knowledge Info Day CHEC Coffs Harbour**  
(place)

On **THURSDAY 19<sup>TH</sup> NOVEMBER 2015**  
(date)

Special needs of my child which you should be aware (eg allergies, medication, epilepsy, asthma, diabetes and other medical conditions)

Please provide full details: \_\_\_\_\_

### Proposed water or swimming activities:

I advise that my child is a strong / average / poor / non-swimmer

I give / do not give permission for my child to participate

\*Delete words not applicable

Parent/guardian contact phone no.: \_\_\_\_\_ (day)

\_\_\_\_\_ (night) \_\_\_\_\_ (mobile)

### For overnight excursions:

Medicare Number: \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please return this form by **Monday 9<sup>th</sup> NOVEMBER 2015**

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**PRIVACY ADVICE AND AMBULANCE INFORMATION PROVIDED ON THE BACK OF THIS FORM**

**PLEASE RETURN THIS SIDE**

#### AMBULANCE SCHOOL COVER – EXCURSIONS

Parents are advised that the Ambulance Service of NSW has reciprocal health care agreements with all Australian states *except Queensland and South Australia.*

This means that, even though Woolgoolga High has Ambulance School Cover for students that have an accident or fall ill whilst at school or at an organised school activity, they are not covered while on school excursions to Queensland and South Australia.

Only those students whose parent/guardians hold a Commonwealth Government Health Care Card or have private health insurance (including ambulance cover) are possibly covered when on a school excursion to Queensland or South Australia.

#### PRIVACY ADVICE

The information provided on this consent form by parents/caregivers is being obtained for the purpose of ensuring safety for students.

It will be used by the NSW Department of Education and training for this purpose only.

Provision of this information is voluntary. It will be stored securely.

If you do not provide all or any of this information then an acceptable level of medical care for your child may not be obtained (if required) in case of an accident occurring.

You may correct any personal information provided at any time by contacting the coordinating teacher

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