

Belmont High School

424 Pacific Highway
Belmont NSW 2280

Phone: 4945 0600

Fax: 4947 7531

Email: Belmont-h.school@det.nsw.edu.au



Year 12 Geography-Economic Activity

Type of Excursion

An excursion has been planned for Year 12 Geography to Josie's Coffee, Gateshead on **Friday 7th June 2019**.

Educational Purpose

The excursion has been planned to supplement the work being done in Economic Activity unit.

Mode of Transport / Start and Finish Times

The class will depart from school at **10am** and return to **School** at **11.30am**. Transport will be by **private car**.

What Students Should Bring / Uniform

Students will need to bring **pens and a clipboard**. In line with school policy, students need to wear full school uniform with closed in shoes.

Cost/ How to Pay

The cost of the excursion is **NIL**.

Emergency Care and CPR

The accompanying staff member/ s with Emergency Care Training is Patricia Dybell

The accompanying staff member/s with CPR training is Patricia Dybell

Please direct enquiries to Patricia Dybell 0478045542

Yours Sincerely

Patricia Dybell
HSIE Faculty

Mr Geoffrey Robinson
Principal

Privacy Advice

The information provided on this form for the above excursion is being obtained by Belmont HS for the purpose of verifying student consent to participate, acknowledging awareness of excursion details and supervision arrangements, and gathering relevant medical information (including dietary requirements) for student safety purposes. It will be used by the NSW DoE to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities. Other persons or agencies involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during such excursions or activities, may be provided with this information. Provision of this information is required to assist the school in planning a safer educational activity and will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. You may correct any personal information provided at any time by contacting the school office on 49450600.

Photographs may be taken of students on this excursion for educational purposes and displayed within the school, on the school's intranet and website or in the school magazine. If you do not want photographs to be taken of your son/daughter for educational purposes, please contact the Teacher-In-Charge of the excursion or the school office.

Medical Disclaimer

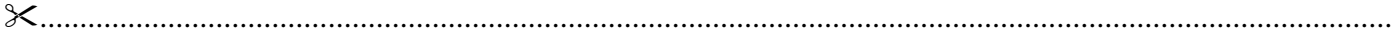
Parents, please note there is no personal insurance injury provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area and state school associations when deciding whether additional insurance cover, above that provided by Medicare is required. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in permanent loss of a prescribed faculty or the use of some prescribed part of the body.

I will achieve my potential

Principal: Geoff Robinson

All correspondence to: P O Box 2345 Gateshead NSW 2290
Email: Belmont-h.school@det.nsw.edu.au

Detach and return this note WITH payment to the front office



Year 12 Geography on Friday 7th June 2019 NIL cost

- I hereby consent to my child _____ of Year _____ to attend the excursion/activity above.
- I hereby consent to my child's photograph to be used on the school website: YES / NO
- I HAVE previously completed and submitted a '2018 Medical Information for Variations to School Routine' Form for my child and the details have NOT CHANGED since the start of the year **OR**,
- I HAVE attached a '2018 Medical Information for Variations to School Routine' Form for my child and their medical details HAVE CHANGED since I last submitted a form. My child's updated medical details are attached.
Note: it is the responsibility of the parent/carer to notify the school when their child's medical details change.

Signed _____
Parent / Guardian

Date _____

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2019 Medical Information for Variations to School Routine

Name of Student: _____ (Please print)

Address: _____

Date of Birth: _____ Sex: M / F

Emergency Contact: Name: _____

Phone: Home _____ Work/mobile _____

Medicare Number: _____ Ambulance Cover: Yes / No

Private Medical Cover: Yes / No Fund _____ Membership No: _____

Doctor contact details: Name: _____ Phone No: _____

Doctor Address: _____

Is your child in good health? Yes / No

Does your child suffer from any medical Conditions, Illnesses/Injuries/Allergies? Yes / No

If yes, please specify and outline treatment for each:

Does your child have any special dietary needs? Yes / No If yes, please outline and indicate any possible reactions:

Does your child require regular medication? Yes / No

Name of medication, administration instructions (time, dosage) and any possible reactions.

Has your child suffered from any acute illness in the last four months? Yes No

Has your child been treated by a doctor in the last four weeks?

If yes please attach a medical certificate outlining treatment.

THIS FORM MUST BE COMPLETED FOR 2018 & RETURNED BEFORE YOUR CHILD CAN BE INVOLVED IN THE EXCURSION AS OUTLINED.

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