



Glendale Technology High School
"Educate For Life"

Oakland Street,
Glendale, 2285
Phone: 4954 9166
Fax: 4956 6879

Name of Excursion: Year 9 Coffs Coast Camp

Parent / Guardian Information and Permission Note (Water)

Dear Parent or Guardian,

This note is to inform you of the details of an excursion that has been organised and seek your permission for your child to attend. This excursion is for students in Year 9

Days and Date: Tuesday 23rd - Friday 26th August

Supervising Teacher(s): Tim Barry

Location: Coffs Coast Adventure Centre

Purpose of the excursion: Support students in developing their independence and ability to work with their peers. It will promote collaboration, resilience and problem solving skills.

Students are to meet at: School Time: 6:00AM

Method of Transport: Bus

Students are to be collected from: School Time: 6PM

Total Cost: \$470.00

Dress Requirements: As per Student Gear Checklist

Additional information: To secure a spot, please pay the non-refundable deposit of \$50 and return the permission note to the GTHS student services before 10/06/22. Total amount owing is due 2/8/22. Please note due to accommodation restrictions we are required to CAP this camp at 100 students. Students making payment after this will be placed on a reserve list.

Mr Anthony Angel

Date:

25/3/22

Please complete and return the slip to the Front Office by: 10/06/22

Please note that once the school has committed a payment to a third party, refunds may not be available.

Return Permission Slip

I hereby consent to my child _____ of Year _____ to participate in the excursion to Year 9 Coffs Coast Camp on Tuesday 23rd - Friday 26th August

Total cost of the excursion payable is \$470.00 Receipt Number (if paid online) _____

I consent to my child being photographed on the understanding the images are used to promote the excursion in our school newsletter, website etc. **Yes / No**

I consent to the supervising teacher seeking medical aid that he/she feels is necessary. **Yes / No**

My child has special needs you should be aware of and the details are below. **Yes / No**
e.g. allergies, medication, asthma, epilepsy

Signature of Parent/Guardian: _____ Date: _____

Contact Phone Numbers. 1st point of call: _____ 2nd point of call: _____

Please return this completed form, accompanied by any payments due, to the Front Office by: 10/06/22
Failure to do so may forfeit your child's place on the excursion.

Medical Information

The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about a student who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by Glendale Technology High School

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities. The Department will not cover medical costs resulting from illness or accidents during the time of the excursion

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise 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 or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

Medical information form

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

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Outline special dietary needs including possible reaction to inappropriate diet

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.....

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

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Additional Information

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Signature:

Date:

Structured aquatic activities - advice

The excursion will involve structured aquatic activities including:
Zorb ball, mega drop, canoeing, fencing, sky wire and more.

These activities will take place at: **Year 9 Coffs Coast Camp**

Structured aquatic activities - response

In relation to the proposed structured aquatic activities (please circle response):

My child is **permitted** to go in the water

My child is **not permitted** to go in the water

.....
Signed parent / care giver

.....
Please indicate your child's level of proficiency, if you give permission for your child to go in the water (please circle response):

A non swimmer: My child is unable to swim

A weak swimmer: My child is comfortable and confident in shallow water but cannot swim very well

An average swimmer: My child is a reasonable swimmer but is not very strong or confident in deep water

A strong swimmer: My child is a strong swimmer and is very confident in deep water

.....
Signed parent / care giver



Glendale Technology High School

"Educate for Life"

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Glendale 2285

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Dear Parents/Carers,

Please find below the first set of information for our *Year 9 Coffs Coast Camp* excursion. The camp will take place in **Term 3, Week 6, Tuesday 23rd – Friday 26th August, 2022**. Our camp is open to all students however it is not compulsory and those students not attending will be required to be present at school on the above dates.

The aim of the camp is to support students in developing their independence and ability to work with their peers. Activities during the camp will promote collaboration, resilience and problem solving skills, all of which are vital as students begin to move into the work force mid-way through their Stage 5 studies.

The total cost of camp is approximately **\$470.00**. Final numbers may impact this.

This price includes:

- Fully programmed camp including activities such as: Zorb ball, mega drop, canoeing, Fencing, sky wire and commando
- Qualified staff to run activities and night activities.
- Accommodation and cleaning at Coffs Coast Adventure Centre – Bonville.
- Offsite activities such as: Ice skating, laser tag at the big banana and a visit to the Dolphin marine rescue park
- Meals provided from dinner on day 1 to lunch on day 4
- Transport arranged to and from camp

We have opened an account at school to allow for a progress payment system. If your child would like to have a spot saved for them, please pay the non-refundable deposit of **\$50 and return your permission notes** at the GTHS front office before **Term 2, Week 7, Friday 10/06/2022**. Payments can be made in full or by instalments at the front office or online. **Total amount owing is due 2/8/22**.

Please note if a Year 9 student has been suspended on or after the 18/07/2022 (Monday, Week 1, Term 3), they will be excluded from participating in this excursion. Please note any students who find themselves on DP Monitoring, will also be excluded from this camp as per the school excursion policy.

Further information along with suggested payment plan options will be available in the coming weeks. If you have any questions or concerns about camp please do not hesitate the contact the school.

Thank you,

Tim Barry
Year 9 Advisor