



Glendale Technology High School
"Educate For Life"

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

EXCURSION

Name of Excursion **Career Expo - Maitland**

Dissection

Parent / Guardian Information and Permission Note

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 **Years 10 - 12**

Days and Date: **Friday 19th May, 2023**

Supervising Teacher(s): **C. Frizell, S. Idris, S. Williamson, B. Robertson**

Location: **Maitland Basketball Stadium, 10 Bent St, Maitland**

Purpose of the excursion: **Explore Career options and speak with exhibitors**

Students are to meet at: **Glendale Technology High School** Time: **10.00am**

Method of transport: **Bus**

Students are to be collected from: **Glendale Technology High School** Time: **1.00pm**

Total Cost: **\$10 to the office**

Dress Requirements: **Full school uniform and enclosed shoes**

Additional Information: **Places are limited for this excursion, students are recommended to return their note and money to students services ASAP so they don't miss out
Students may bring cash to buy from the canteen (no EFTPOS facility available)**

Principal Approved:

Mr Anthony Angel

Date:

8/3/23

Please complete and return the slip below to the front office by **5.5.23**

Return Permission Slip

I hereby consent to my child _____ of Year _____ to participate in the excursion to **Career Expo - Maitland** on **Friday 19th May, 2023**

Total Cost of excursion payable to office is **\$10 to the office**

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 (e.g. allergies, medication, asthma, epilepsy) and the details are below.

Signature of Parent / Guardian _____ Date: _____

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

Please return this completed form, accompanied by any payment due, by to the front office by **5.5.23**

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: