



**Glendale Technology High School**  
"Educate For Life"

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

Name of Incursion: First Aid Course

**Parent / Guardian Information and Permission Note**

**Dear Parent or Guardian,**

This note is to inform you of the details of an incursion that has been organised and seek your permission for your child to attend. This incursion is for students in Sports Coaching & Employment Pathways

Days and Date: Monday 8th May 2023

Supervising Teacher(s): Miss C Frizell

Location: Connected classroom

Purpose of the incursion: Students will complete their First Aid course

Time: 9.00am - 3.10pm

Total Cost: NIL

Dress Requirements: Students are to wear their full school uniform

Additional information: Students are to create a USI prior to the commencement of the course. There will be an online component students will start in class, and are required to complete prior to Monday 8<sup>th</sup> May.

Mr Anthony Angel

Date:

22/3/23

Please complete and return the slip to the Front Office by: 6.4.23

**Return Permission Slip**

I hereby consent to my child \_\_\_\_\_ of Year \_\_\_\_\_ to participate in the incursion to **First Aid Course** on **Monday 13th March 2023**

Total cost of the incursion payable is **NIL** Receipt Number (if paid online) \_\_\_\_\_

I consent to my child being photographed on the understanding the images are used to promote the incursion 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: **6.4.23**  
Failure to do so may forfeit your child's place on the incursion.

**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: .....