



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

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

**EXCURSION**

Name of Excursion **Year 7 Great Aussie Bush Camp**

**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 **Year 7**

Days and Date: **Wednesday 24th - Friday 26th May 2023**

Supervising Teacher(s): **Miss C Spain**

Location: **Great Aussie Bush Camp Tea Gardens**

Purpose of the excursion: **Year 7 Great Aussie Bush Camp focuses on relationships, team building, resilience and self esteem of new Year 7 students**

Students are to meet at: **School** Time: **8.30am**

Method of transport: **Bus**

Students are to be collected from: **School** Time: **3.10pm**

Total Cost: **Approximately \$323**


**Final cost will be confirmed once deposits have closed on 22.3.23.**

Dress Requirements: **As per Student Gear Checklist**

Additional Information: **To secure a spot, please pay the non-refundable deposit of \$50 and return completed notes and medical/dietary requirements to the GTHS front office before week 8 - Wednesday 22.3.23. Payments can be made in full or by installments at the front office or online. Students suspended on or after 6.4.23 will be excluded from the excursion.**

Principal Approved:

Mr Anthony Angel

  
\_\_\_\_\_

Date: 5/3/23

Please complete and return the slip below with medical / dietary requirements to the front office by **22.3.23**

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 7 Great Aussie Bush Camp** on **Wednesday 24th - Friday 26th May 2023**

Total Cost of excursion payable to office is approx. **\$323** Online Receipt Number: \_\_\_\_\_

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 **22.3.23**

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.

.....  
.....

Outline special dietary needs including possible reaction to inappropriate diet

.....  
.....

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

.....  
.....

Additional Information

.....  
.....

Signature: .....

Date: .....

## Current Medication / Dietary Requirements

School: \_\_\_\_\_ Student Name: \_\_\_\_\_

Time and Dosage – Please specify exact time of medication

Medication Name	Breakfast		Lunch		Dinner		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose

Regulations require that all medication must be provided in the original container / packaging.  
Teachers will collect and administer all medication.

Has your child suffered from any Acute Illness in the past four months? If yes, details.	Yes	No
--	-----	----

Has your child been treated by a doctor in the past four weeks? If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp.	Yes	No
---	-----	----

Has your child had any major surgery? If yes, please specify.	Yes	No
---	-----	----

Is your child's Immunisation up to date, including tetanus? If yes, what year was the last booster given?	Yes	No
--	-----	----

Does your child wet the bed?	Yes	No
------------------------------	-----	----

Does your child sleep walk?	Yes	No
-----------------------------	-----	----

Do you give permission for Panadol to be administered if required?	Yes	No
--	-----	----

Does your Child have any Dietary Requirements? If YES please specify:	Yes	No
--	-----	----

Water or Swimming Activities:

In relation to any proposed water or swimming activities, my child: Name: \_\_\_\_\_

(Please tick  one:)

STRONG SWIMMER

AVERAGE SWIMMER

POOR SWIMMER

NON-SWIMMER



## Medical Form – Child

Name of School: \_\_\_\_\_ School year: \_\_\_\_\_

### Student Details:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female

### Parent / Guardian Details:

Please Tick ✓: Mother / Guardian  Father / Guardian  Other Contact

Full name of Parent / Guardian Details: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Name on Card: \_\_\_\_\_

Student Number on card: \_\_\_\_\_

Ambulance Cover: Yes  No

Private Health Fund Name: \_\_\_\_\_ Health Fund member number: \_\_\_\_\_

Is your child in good health? Yes  No

Does your child require regular medication? Yes  No

Does your child suffer from any Chronic Illness / Injury / Allergies?  
If yes, please specify? Yes  No

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

