



# Hunter School of the Performing Arts

## Day Trip School Excursion/Incursion Consent Form

**EF2**

Dear Parent/Caregiver,

An excursion/activity has been organised for your child.

Excursion/Activity	SCONE HORSE FESTIVAL	
Date(s)	Saturday 6 <sup>th</sup> May	
Venue	SCONE	
Students/Class	Marching and Stage Band	
Cost of excursion	0	
Times/Places	Depart: <b>6am</b> from <b>Band Centre</b> Return: <b>5pm</b> to <b>Band Centre</b>	
Transport	Port Stephens Coaches	
Supervision	Pink, Lambert, Gardner	
Please bring	Please see FINAL DETAILS	
Students must wear	Please see FINAL DETAILS	
Additional information	Please see FINAL DETAILS	

*KJ Gardner*

Teacher in charge of excursion

*A. Neale*

Deputy Principal

### Medical Disclaimer

Parents - please note there is no personal injury insurance cover provided by the NSW Department of Education and Training 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 sport associations when deciding whether additional 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 the permanent loss of a prescribed faculty or the use of some prescribed part of the body



**Excursion: Marching & Stage Band SCONE** Date: **Sat 6<sup>th</sup> May**

Payment Code

Return this portion to the **FRONT OFFICE** by: **31/03/2017**

**\* Payment must accompany this permission form.**

- ☐ I give permission for my child ..... of Year ..... to attend the excursion/activity above.
- ☐ My child's medical details have **NOT** changed since the OASIS enrolment form submitted at the start of the year or:
- ☐ My child's medical details **HAVE** changed since the OASIS enrolment form submitted at the start of the year. 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.*

### Payment Method:

- ☐ **Cash:** \$ ..... enclosed
- ☐ **Cheque:** Cheque enclosed for \$ .....
- ☐ **Online:** Amount Paid: ..... Receipt Number .....

Signed ..... (Parent/Guardian) Date .....