



Erskine Park High School

Pride In Achievement

78-82 Swallow Drive, Erskine Park NSW 2759
Website: www.erskinepk-h.schools.nsw.gov.au

Phone: 9834 3536 Fax: 9834 3864
Email: erskinepk-h.admin@det.nsw.edu.au

Camp Information – Water / Overnight Activities

5th February 2019

Dear Parent or Caregiver

An excursion to: **Nepean Adventure Centre, Douglas Park**

For: **Year 11** On: **Monday 6th to Wednesday 8th May 2019**

The excursion has been planned to supplement work being done in the areas of:

Wellbeing allowing students to address changing issues related to identity, independence and their changing responsibilities in senior schooling

Cost: **\$280.50** Payment to be finalised by: **Wednesday 10th April 2019** *Note: Places may be limited*

The excursion will depart from: Erskine Park High School at: 8.30am (Monday)

The students will return to: Erskine Park High School at: 2.40pm (Wednesday)

The students will travel by: Bus

The students are to wear: Full School Sports Uniform to be worn to and from the camp

Students will need the following items on this excursion: See attached list

Food: All food will be provided (please ensure you advise us of all dietary needs)

The students not attending the excursion will: Attend normal classes at school

Student assistance for this activity, where available, can be accessed via the Principal.

Mr Parkhill – Year Adviser

Mrs Misdom – HT Wellbeing

Ms Lewis - Principal



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Overnight / Water Activities - Excursion Consent Form

EXCURSION CONSENT FORM – Complete and return to: Front Office

I do/do not consent to my child in year 11 participating in an excursion to Nepean Adventure Centre between Monday 6th and Wednesday 8th May 2019.

I give / do not give permission for my child to receive medical treatment in case of an emergency.

– Special Needs (example: allergies, medication) ☐ YES ☐ NO

If yes, please provide details.....

This is important information as the organising teacher may not be aware of any special needs information that you have provided at enrolment, or they may have changed since that time.

Water or swimming activities - response

In relation to the proposed water or swimming activities, I advise that my child is a: *(please tick one)*

☐ strong swimmer ☐ average swimmer ☐ poor swimmer ☐ non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water:.....

I undertake to provide this device so that my child can participate in the excursion. Yes / No

I give / do not give permission for my child to participate in the water or swimming activities.

Overnight excursions - response

I understand that my son / daughter will stay overnight at Nepean Adventure Centre, Douglas Park

Emergency Details

| | | |
|---|-------|-------------------|
| Student's full name: | | Roll Class: |
| Medicare number | | Year: |
| Parent or caregiver contact details | | |
| Name: | | |
| Home phone: | Work: | Mobile: |
| Emergency contact(s) details (nominated by the parent or caregiver as alternate contact) | | |
| Name: | | Phone: |

☐ I have made an online payment (optional). My receipt number is Dated

Parent/Guardian signature: Date:.....

Office Use Only

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