



# Erskine Park High School

*Pride In Achievement*

78-82 Swallow Drive, Erskine Park NSW 2759  
Website: [www.erskinepk-h.schools.nsw.gov.au](http://www.erskinepk-h.schools.nsw.gov.au)

Phone: 9834 3536 Fax: 9834 3864  
Email: [erskinepk-h.admin@det.nsw.edu.au](mailto:erskinepk-h.admin@det.nsw.edu.au)

## Excursion Information – Water / Overnight Activities

Date: 29/08/17

Dear Parent or Caregiver,

An excursion to: **Glenbrook National Park**

For: **Bronze Duke of Edinburgh participants**

On: **8/11/18 – 9/11/18**

**PLEASE NOTE THE CHANGE OF DATE**

The excursion has been planned to assist students in attainment of their Bronze Duke of Edinburgh award

Cost: **\$20**

Payment to be finalised by: **29/10/18**

Students need to meet at: The entrance to Glenbrook National Park, Bruce Road at: 8:30am on 8/11/18

Students will need to be picked up from: The entrance to Glenbrook National Park, Bruce Road at: 3:30pm on 9/11/18

The students are to wear: Appropriate hiking clothes as discussed

Students will need the following items on this excursion: As discussed in Duke of Edinburgh meetings

Teachers attending the excursion: Mrs R Lawson  
Ms L Giaquinto

Teacher with First Aid is: Mrs R Lawson  
Ms L Giaquinto

### Overnight Excursions - Advice

Students will be sleeping in tents and will need to ensure they have adequate sleeping bags and a sleeping mat. Thermals are also advised.

### Water or Swimming Activities - advice

The excursion will involve the following water or swimming activities: N/A  
These activities will take place at: N/A

---

Excursion Co-ordinator

---

Head Teacher - Faculty

---

Principal



# 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

## Excursion Information – Water / Overnight Activities

**EXCURSION CONSENT FORM – Complete and return to:** Laura Giaquinto

I do/do not consent to my child ..... in year ..... participating in an excursion to Glenbrook National Park on 8/11/18 – 9/11/18

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

.....

### Emergency Details

Student's full name: .....	P.C 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	