



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

Dear Parent or Caregiver,

An excursion to: **Cables Wake Park, Penrith**

For: **Year 9 PASS students**

On: **29/ 11/18**

The excursion has been planned to supplement work being done in the areas of:
understanding the risks that contribute to a risk environment in physical activity and sport, e.g. water

Cost: **\$ 35**

Payment to be finalised by: **15/11/ 18**

Note: Places may be limited

The excursion will depart from: Erskine Park High School at: 9.00am

The students will return to: Erskine Park High School at: 2.30pm

The students will travel by: Bus

The students are to wear: Full Sport Uniform

Students will need the following items on this excursion: Swim attire, towel, sunscreen, hat

Food: Food and drink from home Food and drink from shop Other:

Teachers attending the excursion: Ms K Tulloch & Ms L Giaquinto

Teacher with First Aid is: Ms K Tulloch & Ms L Giaquinto

The students not attending the excursion will: Remain in normal classes

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

Water or Swimming Activities - advice

The excursion will involve the following water or swimming activities: Inflatable slides, runways and jumping pillows.

These activities will take place at: Cables wake park, Penrith. Flotation devices will be provided to all students.

Excursion Co-ordinator

Head Teacher - Faculty

Principal



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Overnight / Water Activities - Excursion Consent Form

EXCURSION CONSENT FORM – Complete and return to: Ms Tulloch, PDHPE

I do/do not consent to my child in year participating in an excursion to Cables Wake Park on 29/11/18

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.

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: | |

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