



EXCURSION PERMISSION NOTE

EXCURSION TO JINDABYNE SNOW FIELDS

Saturday 27th July to Friday 2nd August 2019

Dear Parent / Caregiver,

The following excursion has been organised and we are seeking your consent to allow your student to attend.

Details of the excursion are as follows:

DATE:	Saturday 27 th July to Friday 2 nd August 2019
VENUE:	Jindabyne snow fields
COST:	\$1010 +/- \$30 depending on final numbers
DEPARTURE TIME: 3pm	RETURN TIME: 6.30am approximately
DEPART FROM: RRHC	RETURN TO: RRHC
TRAVEL BY:	Bus
DRESS:	Warm casual clothes for travel – snow specific clothes supplied
FOOD:	Supplied by students in transit and on snow, most dinners and breakfasts supplied

The staff member with emergency care training is: Flanagan

The staff member with CPR training is: As above

Accompanying staff are: Prince and TBC As above

Refunds on Excursions

Where a non-refundable amount has been indicated on an excursion this amount will not be refunded to the student.

Monies will not be refunded where an excursion or subject has a component that cannot be refunded or where the school has paid on behalf of a student onto another supplier.

If a student is undertaking an excursion and is sent back due to illness / misadventure there will be no refund.

Student Misbehaviour

Where a student is not allowed to attend a school excursion due to misbehaviour, the refund policy applies. See the section above on excursions for the application of the refund policy.

If a student is sent back home from an excursion for misbehaviour there will no refund.

Medical / ambulance insurance mention

There are no reciprocal arrangements in place for NSW students travelling on school excursions to Queensland. In this instance it is advisable for parents to take out private health insurance to cover ambulance costs. Students without cover will be liable for the cost of emergency ambulance services they may require if they are injured while on excursions in Queensland.

J. Flanagan
Excursion Coordinator
1/11/2018

Mary-Jane Pell
Principal



EXCURSION PERMISSION NOTE

EXCURSION TO JINDABYNE SNOW FIELDS FOR COMPLETION OF THE LIFE READY COURSE

Saturday 27th July to Friday 2nd August 2019

****** Please return this section to the Student Services Office by Week 9 Term 2**

Activity:

I hereby give permission for my son/daughter _____ of Year 11 to participate in the activity organised by Mr Flannagan on Saturday 27th July to Friday 2nd August 2019 as approved by the school principal.

Cost involved will be: \$1010 +/- \$30

I give permission for my son/daughter to obtain medical attention if required: Yes No

I give permission for The Rivers Secondary College to publish my son/daughter's photo in communications including school websites and social media applications Yes No

Name: _____

Signature: _____

Parent/Caregiver

Parent/Caregiver

Date: __/__/2019

Please see over for completion of Medical Information Form

Office Use Only

Cost: Jindabyne-\$920

Fee Value: 240655

TIC: J.Flanagan

Cost: Jindabyne Food-\$90

Fee Value: 240681



Medical information form

The information provided this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your 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 or in conjunction with Richmond River High Campus. It will be used by officers of the NSW Department of Education and Communities to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities. 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. *You may correct any personal information provided at any time by contacting the school office.*

Student name:

Year:

Medicare number

Parent or caregiver contact details

Name:

Address:

Home phone:

Work:

Mobile:

Doctor contact details

Name: *Doctor's telephone:*

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name:

Phone:

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

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Outline special dietary needs including possible reaction to inappropriate diet

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

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Signature:

Date: