BRISBANE WATER



SECONDARY COLLEGE

		The second			
Dear Parent/Guardiar		NGTH THROUGH UN	чтү	Today's Date: 2	2/05/2017
	Below are the details of an up	coming Ex	cursion / Scho		
Excursion Name:	White Card Course		-53-WH.	Class/Group:	14 yrs +
Destination:	School B7	Date:	28/07/2017		\$89
	ts (or advice of online receipt i eception and finalised by	number) m	nust be	Date:	30/06/2017
Organising teacher: Ms. Lewis			Email:	nerrida.lewis@det.nsw.edu.au	
Privacy Advice Notice: The requirements and other he sporting activities or other of the NSW Department of Edother activities. Other personganisations who join with may be called upon to proinformation is not required activity. In such circumstanthe school in planning a saf	has completed a Risk Assessment White Card Qualification is information provided on your child salth-care related needs about your objection and Training to assist planning sons or agencies that may be provided the school or are otherwise involved by law. However, a failure to provide the school will make available a series er educational activity. It will be storurther. You may correct any personal	is being obta child who is cted by or in a ng, to suppored with this in the planni r assistance of the informatisound alternated securely.	nined by the School currently enrolled conjunction with E rt students and to information including or delivery of to during or as a co ion may mean that ative educational E If you have any c	ol for the purpose of ascer at the school and who n Brisbane Water Secondary minimise risks when conce, but are not limited to, the excursion, sporting or consequence of such excursion, sport excursion of the concerns about provision of the concerns about provision of	rtaining relevant medical information may participate in school excursions. College. It will be used by Officers of ducting school excursion, sporting of volunteers and members of external other school activity and persons that sions or activities. Provision of this ate in a particular excursion or schools information will significantly assist this information, please contact the
** Important No	ote: Whilst excursion refunds will only	y be given in	extenuating circui	nstances, NO refund will b	e given for bus COSTS **
Departure details:	Time: Start 8:25am		Location:	School Grounds B7	
Return details:	Time: finish 2:40pm		Location:	N/A	
Transport:	Travel by: N/A	 	—		
Dress Requirements:	Full school uniform	Other R Meet in		Must have phot ID ar	nd USI number
Ms. Lewis	Excursion Co-ordinator			Mrs. Murray	Head Toacher
	White	Card Cours	se Permission	Note	
Student name:			Roll call c	lass: Sub Dis	section Code: 044-425
that it is an extra-curric missed work whilst parti	child attending the White Card Coulon activity and that all elective icipating on this excursion and for	fees must	be paid prior.	consent to my child b	the cost of \$89 and understand leing responsible for completing
Emergency Contact nam	e:		Em	ergency Contact Ph nun	nber:
Signed:			Dat	e:	
Medical condition (circle	e if applicable) Asthma Anapl	nylaxis Al	llergies	Other :	

Does the medical condition indicated, require an action plan? YES / NO

Medicare Number:

Office Use only:

Online payment receipt number

Amount: \$

*Proceed to BWSC Umina website (Make a Payment)

Sub Dissection Code: 044-425