BRISBANE WATER



SECONDARY COLLEGE

STRENGTH THROUGH UNITY

Dear Parent/Guardian,

Today's Date: 14/6/2017

Below are the details of an upcoming Excursion / School Activity involving your child:

Excursion Name: 2	Zone Athletics Carnival			Class/Group:	BWSC Zone Athletes	
Destination:	Mingara	Date:	26/6/2017	Cost:	\$5 (gate entry at Mingara)	
All notes and payments (or advice of online receipt number) must be			Date:	19/6/2017		
returned to Student Reception and finalised by						
Organising teacher:	Mr P Crouch		Email:	patrick.crouch@d	et.nsw.edu.au	
******************	haa aa wadaka da Dista Aassassa	والمراجع المراجع المراجع				
BWSC Umina has completed a Risk Assessment for this excursion which can be provided to parents if requested Excursion description: Zone Athletics Carnival 26/6/17						
Excursion description. 2016 Admetics Carmea 20/0/17						
Privacy Advice Notice: The information provided on your child is being obtained by the School for the purpose of ascertaining relevant medical information requirements and other health-care related needs about your child 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 Brisbane Water Secondary College. It will be used by Officers of the NSW Department of Education and Training to assist planning, to support students and to minimise risks when conducting school excursion, sporting or other 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 cannot 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 safet 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. Excursion attendees will be playing and/ or viewing rugby league						
** Important No	ete: Whilst excursion refunds will only	be given in e	extenuating circum	stances, NO refund will b	e given for bus COStS **	
Departure details:	Time: 730am		Location: (Jmina Campus		
Return details:	Time: 4pm (approx)		Location: l	Jmina Campus		
Transport:	sport: Travel by: Hire bus or own transport					
Dress Requirements:	Sport Uniform	Other R	Requirements:	Drinks, snacks, app	ropriate footwear, warm	
•				clothing, sunscreen	. Canteen and BBQ available	
				at the venue.		
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				Silvy	3	
Mr P Crouch	Excursion Co-ordinator			Mr A Jackson	Head Teacher	
Zone Athletics Carnival 26/6/17 Permission Note Student name: Roll call class: Sub Dissection Code:						
Student name:			Roll call clas	is: Sub Disse	ection Code:	
I hereby consent to my child attending the Zone Athletics Carnival on 26/6/17 and travelling by hire bus or own transport to and from the venue. I consent to paying the cost of \$5 at the gate and understand that it is an extra-curricular activity and that all elective fees must be paid prior. I consent to my child being responsible for completing missed work whilst participating on this excursion and for demonstrating appropriate behaviour. Emergency Contact name: Emergency Contact Ph number:						
Signed:			Date:			
Medical condition (circle if applicable) Asthma Anaphylaxis Allergies Other:						
Does the medical condition indicated, require an action plan? YES / NO			0	Medicare Number :		
Online payment receipt number Amount :						
				Office Use only:		