

# Cardiff High School

Celebrating Excellence, Opportunities and Success.

30 Boronia Street, Cardiff NSW 2285

Ph (02) 4954 9966

Email [cardiffh.school@det.nsw.edu.au](mailto:cardiffh.school@det.nsw.edu.au)

Website [www.cardiffhigh.com.au](http://www.cardiffhigh.com.au)

## Excursion Information for Students and Parents/Carers

Dear parent/caregiver,

Your child has been invited to attend the following excursion:

**Student Group:** MC2 students

**Venue:** Sailability Belmont 16 Foot Sailing Club

**Purpose of Excursion:** To participate in learning to sail activities and network with students from Newcastle High Support Unit who also attend Sailing.

**Date(s):** Each Thursday Week A 2021

**Departure Time:** 9:00 am      **Departing from:** Cardiff High School

**Returning Time:** 2:00 pm      **Returning to:** Cardiff High School

**Transport:** Public Bus

**Attire to be worn:** School Uniform

**Cost:** \$50 and OPAL card

**Payment Instructions:** To organising teacher

**Payment Due by:** Tuesday 09 February 2021

### Additional Information:

Thursday Week A Sailing Dates for 2021:

Term 1: 11/2, 25/2, 11/3, 25/3

Term 2: 22/4, 6/5, 20/5, 3/6, 17/6

Term 3: 15/7, 29/7, 12/8, 26/8, 9/9

Term 4: 7/10, 21/10, 4/11, 18/11, 2/12, 16/12

**Organising teacher:** Shae Petersen

**Additional Staff:** Jo Wilson

**Emergency Contact:** 49549966

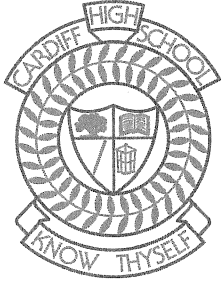
It is expected that all students adhere to our code of behaviour at school and on excursions. Further information on the code of behaviour is available at [www.cardiffhigh.com.au](http://www.cardiffhigh.com.au), Payments and Excursions.

Please sign the attached permission and medical information form and return it with full payment to Organising teacher by Tuesday 09 February 2021.

Shae Petersen  
Organising Teacher

Jaimie Martin  
Head Teacher

Josh Gane  
Principal



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## Excursion Permission and Medical Form

I hereby consent to my child (Full Name) \_\_\_\_\_ of (Roll) \_\_\_\_\_  
to participate in an excursion for MC2 students  
to Sailability Belmont 16 Foot Sailing Club on Each Thursday Week A 2021  
organised by Shae Petersen.

I understand transport is via Public Bus,  
the cost of the excursion is \$50 and OPAL card,  
payment is due by Tuesday 09 February 2021 and students should wear School Uniform.

My child's mobile phone number is \_\_\_\_\_.

I am paying:

- Online via [www.cardiffhigh.com.au](http://www.cardiffhigh.com.au). Receipt number \_\_\_\_\_ Date paid \_\_\_\_\_.
- At the school office.
- At the venue.
- N/A

I give permission for my child to receive medical treatment in the case of an emergency.

<b>Emergency Contact details:</b>	
<b>First Contact</b>	<b>Alternate Contact</b>
Name: _____	Name: _____
Phone: _____	Phone: _____
<b>Doctor</b>	
Name: _____	Phone: _____
<b>Existing medical condition(s) or illnesses (please tick)</b>	
<input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> epilepsy <input type="checkbox"/> other(s) _____	
<input type="checkbox"/> allergies to _____	
<b>Medication(s) to be administered and / or treatment(s) for condition(s).</b> Name of medication(s), instructions for administration, time(s), any possible reactions and / or outline treatments for condition(s).	
_____	
_____	
<b>Special needs or dietary requirements. Include possible reaction to inappropriate diet.</b>	
_____	
_____	
<small>The information you provide is being obtained for the purpose of ascertaining relevant medical information. For further information on the Privacy Policy see <a href="http://www.cardiffhigh.com.au">www.cardiffhigh.com.au</a> <b>Payments and Excursions</b>.</small>	

Parent/Carer (print name): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Carer (signature): \_\_\_\_\_