

Cardiff High School

Celebrating Excellence, Opportunities and Success.

30 Boronia Street, Cardiff NSW 2285
Ph (02) 4954 9966
Email cardiff-h.school@det.nsw.edu.au
Website 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: Selected Students

Venue: Nancy Dwyer Netball Courts

Purpose of Excursion: Westlakes Zone U15 Gala Day

All teams play 5 rounds with the top two teams progressing to a knockout carnival

Date(s): Wednesday 17 August 2022

Departure Time: 8:30 am **Departing from:** Home

Returning Time: 2:30 pm **Returning to:** Home

Transport: Own Transport

Attire to be worn: Sports Uniform

Cost: \$2.00

Payment Instructions: Either online at www.cardiffhigh.com.au or the school office

Payment Due by: Tuesday 16 August 2022

Additional Information:

A small canteen will be running on the day with limited food. Please ensure students have the correct footwear and plenty of water and sunscreen for the day. In the event it is cancelled due to wet weather a notice will be placed on the school facebook page.

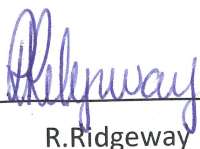
Organising teacher: R.Ridgeway

Additional Staff: Mark Toohey Kim Gallard

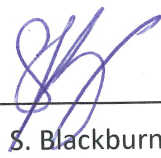
Emergency Contact: 49549966

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, Payments and Excursions.

Please sign the attached permission and medical information form and return it with full payment to School Office _____ by Tuesday 16 August 2022.


R. Ridgeway

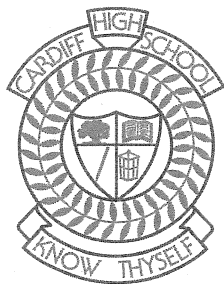
Organising Teacher


S. Blackburn

Head Teacher



M. Sloan
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 Selected Students
to Nancy Dwyer Netball Courts on Wednesday 17 August 2022
organised by R.Ridgeway.

I understand transport is via Own Transport,
the cost of the excursion is \$2.00,
payment is due by Tuesday 16 August 2022 and students should wear Sports Uniform.

My child's mobile phone number is _____.

I am paying:

___ Online via 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.

Emergency Contact details:

First Contact

Name: _____

Phone: _____

Alternate Contact

Name: _____

Phone: _____

Doctor

Name: _____

Phone: _____

Existing medical condition(s) or illnesses (please tick)

___ asthma ___ diabetes ___ epilepsy ___ other(s) _____

___ allergies to _____

Medication(s) to be administered and / or treatment(s) for condition(s). Name of medication(s), instructions for administration, time(s), any possible reactions and / or outline treatments for condition(s).

Special needs or dietary requirements. Include possible reaction to inappropriate diet.

*The information you provide is being obtained for the purpose of ascertaining relevant medical information. For further information on the Privacy Policy see www.cardiffhigh.com.au **Payments and Excursions**.*

Parent/Carer (print name): _____

Date: _____

Parent/Carer (signature): _____