

MUSWELLBROOK HIGH SCHOOL

King Street, Muswellbrook NSW 2333

Relieving Principal

Ms Christine Fairweather B.Tch B Ed.

Tuesday, 10 September 2019

Dear Parent/Caregiver

On Thursday, 17th October, 2019 an excursion has been organised for the purpose of Under 14s Boys Cricket: Round 3 vs Hunter River High School. Please note the details below:

Venue: Denman Cricket Ground (Oval 1) - Bell Street, Denman

Depart: Meet at Venue at 9:00am

Return: Dismissed from the venue at the conclusion of the game

Transport: Private vehicle. If transporting students other than your own you must provide the following

information to the Muswellbrook High School office prior to the day:

Signed appendix 5 (available at the front office)

• 100 points of ID (license-compulsory, Medicare, bank card, passport)

Copy of car registration

Copy of car insurance

Uniform: Cricket Whites (Pants and Shirt)

Cricket shoes (spikes if you have them)

Hat/Sunscreen

Cost: \$12 per student (Wicket/ball costs) - collected on the day by Miss French

Teacher: Aimee French

Mobile Contact: 0416 198 621

Other Information: Students are to provide their own lunch. There will be no opportunity to purchase lunch

at the venue. Students are encouraged to bring plenty of fluids.

For every excursion leaving school grounds, you must complete the attached Medical/Permission note and return it to the front office at least five days prior to the excursion.

Yours sincerely

Aimee French

HT Administration

HT PDHPE

Christine Fairweather Relieving Principal



Muswellbrook High School

Excursion Permission Note

Relieving Principal: Mrs C Fairweather

Denman Cricket Ground		nman for U14s Boys C) participating in an educat ricket (Round 3) approved by t		
I DO NOT GIVE PERMISSION FOR THE SCHOOL TO USE PHOTOGRAPHS OF MY CHILD IN PUBLICATIONS INCLUDING THE SCHOOL WEBSITE					
If travelling by private v	ehicle				
☐ We are able to excursion)	transport other students	if needed (please bring	g the required paperwork to the	e front office prior to	
,	er: Number of car spots available:				
-	eed a lift to the venue has already been organised	d, please indicate who	they will be travelling with:		
	CONFIDEN	TIAL STUDENT I	MEDICAL FORM		
The purpose of this for	m is to inform us of your	child's medical nee	ds in case of an emergency.		
Date of Birth:/.					
	Name	Phone (H)	Phone (W)	Mobile	
Father/Guardian					
Mother/Guardian					
Alternate Emergency Contact					
Medicare Number					
Medical Fund Name			Number:	Number:	
Family Doctor Name			Phone:	Phone:	
Please indicate in the app	propriate box with a ✓ an	d explain below if you	r child suffers from any of the	following:	
Asthma (Ventolin used)	Epilepsy	Migraine	Diabetes	Special Dietary Requirements	
Heart Condition	Sleep Walking	Fainting	Allergies/EpiPen	Physical Disability	
Other Medical Conditi	ion (please give details)				
Allergy to medication or food (eg penicillin):					
Foods unable to be eaten/special dietary needs:					
Does your child take medication? Yes () No ()					
If YES, what medication and how often:					
PLEASE NOTE: Medication must be supplied to supervising teacher in a Webster pack or divided into daily dosage in a container clearly labelled. Students CANNOT CARRY MEDICATION.					
If required can the school administer Panadol (Paracetamol) for pain? Yes () No (). If so, please indicate how many					
Panadol tablets 1 or 2 per prescribed timeslot eg 6 hours ().					
If your child is an Asthma sufferer please ensure the school has an up to date asthma plan.					
Parent/Guardian Signature:					
Note: If students are injured whilst on excursion the school will provide ambulance transfer, however associated					
medical costs are parents responsibility. Additionally insurance coverage is available through health care funds.					