



MUSWELLBROOK HIGH SCHOOL

Principal Ms Elizabeth Bate B.A. Dip. Ed.

King Street, Muswellbrook NSW 2333

Thursday, 12 September 2019

Dear Parent/Caregiver

On **Tuesday 24th September 2019** an in school event has been organised for the purpose of **Blue Heeler Film Festival – School Workshop**. Please note the details below:

Venue: HUB and Neate Theatre
Start: 9.30am
End: 1.30pm
Uniform: Full school uniform
Cost: No cost
Teachers: Mrs Fragar

Time	Session	Location
9.30 – 10.00am	Introduction	HUB
10:00 – 11:00am	Animation Workshop	HUB / NEATE THEATRE
11:00 – 11:30am	Break	
11:30 – 12:30pm	Filmmaking Workshop	HUB / NEATE THEATRE
12:30 – 1:00pm	Break	
1:00 – 1:30pm	Screening	HUB

Deputy Principal Ms Christine Fairweather B.Tch Ed.

Deputy Principal Mr Scott Copland B.Art.Ed

Telephone (02) 6543 1033 Fax (02) 6543 3927 Email muswellbro-h.school@det.nsw.edu.au

P.O. Box 198 Muswellbrook NSW 2333

“Striving for excellence in a school that cares”



Muswellbrook High School

Principal: Ms E Bate

Excursion Permission Note

I hereby consent to my child, (Yr) participating in an educational excursion to xxx approved by the Principal on xxx travelling by xxx.

☐ I DO NOT GIVE PERMISSION FOR THE SCHOOL TO USE PHOTOGRAPHS OF MY CHILD IN PUBLICATIONS INCLUDING THE SCHOOL WEBSITE

If travelling by private vehicle

Driver: Licence

No:

Comprehensive Insurance Policy

No:

Provider:

Registration:

IF APPLICABLE

I approve of my child participating in swimming activities

He/she is a strong/average/poor/non swimmer

He/she can swim metres

CONFIDENTIAL STUDENT MEDICAL FORM

The purpose of this form is to inform us of your child's medical needs in case of an emergency.

Date of Birth:/...../..... Year:

	Name	Phone (H)	Phone (W)	Mobile
Father/Guardian				
Mother/Guardian				
Alternate Emergency Contact				

Medicare Number	
Medical Fund Name	Number:
Family Doctor Name	Phone:

Please indicate in the appropriate box with a ✓ and explain below if your 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 Condition (please give details)

Allergy to medication or food (eg penicillin):

Foods unable to be eaten/special dietary needs:

Will your child require medication on this excursion? Yes () No ()

If YES, please contact the school immediately for further advice on our prescribed medication procedures:

PLEASE NOTE: Secure delivery of prescribed and un-prescribed medication is important for the safety of your child. Parents/Guardians are required to provide the medication in its original packaging and must complete prescribed medication permission forms that will be supplied for you via the office staff. Students CANNOT CARRY MEDICATION.

If your child is an Asthma sufferer please ensure the school has an up to date asthma plan.

Parent/Guardian Signature: Date:/...../.....

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.