



## YOUNG HIGH SCHOOL

Campbell Street  
(Locked Bag 8008)  
Young NSW 2594  
Phone: 02 6382 1166  
ABN: 18 246 198 266

**EXCURSION:** Young Public School Swimming Carnival

**VENUE:** Young Aquatic Centre

**DATE:** 6th February 2024 (Backup date  
13/2/24)

**COST:** \$0

**DEPART TIME:** 8.40am

**RETURN TIME:** 2.30pm

**NOTES TO BE RETURNED BY:** 15th December 2023

**ORGANISER:** Paula Danckert

**FACULTY:** PDHPE

**GROUP/CLASS ATTENDING:** Various

**No OF STUDENTS:** 5

**Educational value of excursion:** Students will be given the opportunity to develop their organisational skills and leadership skills while assisting the running of the Young Public School swimming carnival.

**Transport:** Students are to make their own way to the Young Aquatic Centre on the day and they will need to meet the supervising teacher Belinda Graham (Young Public School) at the clubhouse. Students must arrive by 8.40am for a 9.00am start and will be dismissed from the pool at the conclusion of the day around 2.30pm.

**Uniform:** Students are to wear their Young High School sports uniform on the day.

**Other information:** Students must bring their own lunch, drinks, sunscreen, hats and swimming attire on the day.

**CONTACT PHONE NUMBER:** 63821166 (school)

**ORGANISING TEACHER:** Paula Danckert **PRINCIPAL:** Abake

Please keep this page for your own reference.  
Please return the next page to the PDHPE Staffroom.

## REACH FOR THE STARS

Growth Resilience Empathy Acceptance Teamwork

## PARENTAL/GUARDIAN GENERAL CONSENT FORM

### EXCURSION TO:

I hereby give my consent for: \_\_\_\_\_ of year \_\_\_\_\_

to participate in an excursion to: **Young Public School swimming carnival on 6th February 2024 (backup date 13/2/24) at the Young Aquatic Centre.**

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

Medicare Number: \_\_\_\_\_

My child has the following special needs:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Please attach further details)

EMERGENCY CONTACT PHONE No. (work) \_\_\_\_\_ (home/mobile) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

- An additional consent is required for excursions involving water activities, overnight stays, and travel by air or private car.

### ADDITIONAL EXCURSION INFORMATION:

#### SWIMMING / WATER ACTIVITIES

Supervising staff with current CPR for water activities:

The excursion will involve the following water or swimming activities: Assisting the Young Public School at their swimming carnival.

These activities will take place at: Young Aquatic Centre

**Please keep this page for your own reference.**

#### 1. I have completed the above information regarding swimming activities and

(Tick one box and leave the other blank)

☐

I consent to my child participating in the swimming activities

☐

I **do not** consent to my child participating in the swimming activities.

Parent/carer's name: \_\_\_\_\_

Parent/carer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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