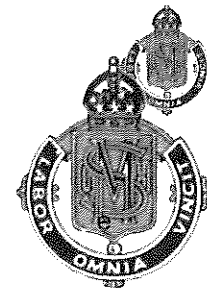


Maitland Grossmann High School

EXCURSION INFORMATION TO PARENTS 2021



Dear Parents/ Caregivers,

An excursion has been proposed to enhance the delivery of the school's curriculum for your child. The details of this excursion are provided below:

Excursion Date:	Sunday 1 st August – Wednesday 4 th August, 2021
Excursion Venue:	Berridale / Smiggins / Perisher Accommodation: Snowy Mountains Coach and Motor Inn, Berridale Snow Sports: Perisher Smiggins
Purpose of the Excursion:	4-day / 3-night Snowsports Excursion. As part of their elective PDHPE faculty subjects; students are provided with opportunities to engage in alpine activities that relate to following units of work: Olympic Games, Leisure and Rec, The Body in Motion and Outdoor Recreation.
Activities to be Undertaken:	Skiing, snowboarding, group activities at motel.
Starting Time and Location:	Sunday 1 st August – Meet at MGHS bus bay at 7:45am
Finish Time and Location:	Wednesday 4 th August – Arrive at MGHS bus bay at approx. 11:30pm (parents will receive arrival time updates)
Mode of Transport:	Coach: Group Charter
Cost:	\$786 (+ TBC additional cost of approx. \$35 if students select to snowboard)
Student Dress:	Appropriate dress required for alpine activities (warm) and recreational clothing
Faculty Running this Excursion:	PDHPE
Teacher-in-charge:	Mr P.Anderson
Staff Assisting:	Mr P.Brown
Final Day for Payment:	Payment #1 - \$300 Due: T2, Wk 6: Friday 28th May Payment #2 - \$300 Due: T2, Wk 8: Friday 11th June Payment #3 - \$186 (+ TBC is applicable) Due: T2, Wk10: Friday 25th June
Additional information:	<ul style="list-style-type: none"> - Thank you in advance for your patience and understanding regarding the complexity of organising this excursion in the COVID climate. - If you are unable to meet the payment timeframe, please contact the organising teachers to discuss. We understand the payment timeframe is compact and acknowledge some families will require adjustments. - Organising teachers have been able to seek 1-day refund policy from the AWGT Canberra component, however, at this moment, the Perisher component (\$274) is a 14-day refund policy in writing. We are endeavouring to seek the reduction of this to a 1-day policy, as supported by the organising group AWGT Canberra (as per 2020). We will advise if and when adjustments / updates become available. - There will be further consent / information notes to come; please be prompt in completing and returning these. - A number of student meetings will be held in the lead up to the excursion (eg. Alpine Responsibility Code meeting); all students attend all meetings. - To confirm your students place in this excursion, the signed permission note must be returned to the PDHPE staff room by T2, Wk5: Friday 21st May.

Yours faithfully,

Mr P.Anderson

Head Teacher PDHPE

MAITLAND GROSSMANN HIGH SCHOOL

PERSONAL & MEDICAL INFORMATION FORM FOR EXCURSIONS / OUT-OF-SCHOOL ACTIVITIES

Student's Name		Year	Date of Birth	
Home Address			Phone	
EMERGENCY CONTACTS				
Name of contact person	Relationship to student	Phone Home	Phone Work	Phone Mobile
Doctors	Address		Phone	
Medicare Number	Private Health Fund	Member Number		
Medical Conditions				
Tablets and Medicines	Does your child require medication? YES/NO. <i>Please include medicines, including preventative asthma medication, Insulin pumps, etc.</i>		Details of Medication.	
	Drug (eg Penicillin)			
Allergies	Bites, Stings (eg Bees)		Does your child require medication? YES/NO. <i>Please include preventative asthma medication/insulin pumps, etc.</i>	
	Food			
	Other			
Immunisation	Has your child had complete Tetanus immunisation? YES/NO. If Yes, what was the date of the last booster?			
Special Dietary Requirements				
Any other relevant information	eg travel sickness etc.			
Medical Plan	Does your child have or require a Medical Plan developed in consultation with the school? YES/NO. If you answer NO to this question and your child has a medical condition you should contact your child's Year Advisor who will facilitate the development of a plan.			

In the event of illness, when it is impracticable or impossible to communicate with me, I understand that the teacher in charge will arrange such medical or surgical treatment as may as be deemed necessary.

I agree to provide the school with the required medication in a sealed envelope, in the original package from the distributing pharmacy, clearly labelled with my child's name and the dosage that is required. Only those students who have a condition requiring their medication to be with them (eg insulin pump, epi-pen) and have the approval of the principal may carry medication with them.

I hereby consent for my son/daughter/ward _____ in Year _____ to participate in the Alpine Excursion at Berridale / Smiggins / Perisher on 1/8/21 – 4/8/21.

I have made an ONLINE Payment. My receipt number is _____ Date: _____

Signature: _____
Parent / Caregiver

Date: _____