



📄 Online Form - Boccia

Activity Name:	Boccia
Date/Time:	Thursday 2 May 2024 9:30am - 2:30pm
Description:	<p>Your child/ward had been selected to represent Broken Hill High School at the Boccia Knockout Challenge against schools in the Barrier/West Darling Area that will be officiated by qualified referees. If we are successful in winning your child will be required to compete in the state final in Sydney during term 3 (date to be advised).</p> <p>The staff member with CPR training accompanying the students is Miss Rachel Johnson.</p> <p>For any further information, please do not hesitate to contact Miss Rachel Johnson at the school on 8088 1522, during business hours.</p>
Venue:	R K Sanderson Basketball Stadium (Boughtman Street, Broken Hill)
Transport:	Students will make their own way to and from the venue.
Dress Code:	Appropriate footwear and full school uniform
Food:	Students must provide their own food as there will be no opportunities to purchase food.
Due Date:	Thursday 2 May 2024

* indicates a required field

I have read the above details and give consent for my child, to attend the Boccia *

Yes No

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Emergency Contact Name: *

Emergency Contact Phone Number: *

Medical conditions/information relevant to the activity (including any medication required):

(Parent/Carer acknowledgement points and sign off)

I have read the parent/carers information regarding this excursion.

- I acknowledge that this event/activity is required to be held in accordance with any current NSW Health and NSW Department of Education's policies and procedures.
- I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event.
- I confirm that my child will not attend if displaying any symptoms of illness.
- I acknowledge that my child/ward will be under the duty of care of the supervising teacher during the event.
- I acknowledge that if my child/ward seriously contravenes behavioural expectation, they may be immediately excluded. Should this eventuate, I accept full responsibility for my child/ward upon notification of their exclusion by the team manager including the cost return transport and accommodation.
- I understand that my child/ward will receive medical treatment in the case of an emergency. I understand that when a medical practitioner has prescribed medication (including emergency medication for example insulin) that will need to be administered during the excursion, parents/carers are responsible for:
 - bringing this need to the attention of the school
 - ensuring that the information is updated if it changes
 - supplying the medication and any necessary 'consumables' for example insulin syringes or EpiPens® for administration (any medication should be well within its expiry date and correctly labelled)
 - collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion.

Please note: for some excursions, the school will ask parents to supply the medication in a different way to what has been already been agreed to by school. For example, parents may be asked to supply an additional adrenaline autoinjector (EpiPen®).

Privacy advice

The information requested on this form is being collected by the NSW Department of Education. The information is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with this school.

It will be used by the school to plan, to support students, and to minimise risks when conducting the school excursions or other related school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is voluntary, however, if you do not provide all or any of the information requested, your child cannot participate in the excursion. In such circumstances, the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office on 8088 1522.

Any additional comments:

Parent/Carer Signature: *