

Excursion INFORMATION

Please complete and return the attached consent form to the class teacher by the Wednesday 21 May.

Dear parent/guardian,

- Year 7, 8 & 9 Dance Companies will be performing their dance works at The Pavilion Performing Arts Centre, Sutherland on Wednesday 4 June 2025. A link to purchase tickets can be found on your child's Google Classroom.
- This excursion has been planned to supplement the following work being done in the classroom: The GyMEA Technology High School Dance Companies will be performing at the Sutherland Dance Festival. This allows the dancers valuable opportunities to build on their performance quality, dance technique and teamwork.
- Students will depart from GyMEA Technology High School on Wednesday 4 June at approx. 10:30am and return to GyMEA Technology High School at approx. 1:00pm.
- Travel will be by Walking and Train. Students must have a valid Opal Card with sufficient funds to travel from GyMEA Station to Sutherland Station and back.
- Accompanying staff are: K.Godwin, J.Ingram
- Sport Uniform is to be worn to this excursion. Students must bring their recess, lunch and water.
- The contact number during the excursion is 95213244.
- Students will be expected to meet at the stage door at the times listed below. Students must be collected from the stage door by a parent/guardian at the conclusion of each show

6:00pm SHOW 1: Meet at 5:30pm Year 7 (Wave After Wave) & Year 8 (Triptico)

8:00pm SHOW 2: Meet at 7:30pm Year 9 (Twist Forever)



K.Godwin
Teacher

Mrs K.Edwards
Deputy Principal

Permission Note for Sutherland Dance Festival 2025 on Wednesday 4 June 2025

Please complete and return this consent form to the class teacher by the Wednesday 21 May.

CONSENT

I hereby consent to in Year participation in an excursion to The Pavilion Performing Arts Centre on Wednesday 4 June 2025.

SPECIAL NEEDS

Special needs of my child which you should be aware (eg. allergies, medication - please provide full details)

MEDICAL

I give permission for my child to receive medical treatment in case of emergency. YES / NO (please circle)

Signature of Parent/Guardian

Name of Parent/Guardian

Date

Privacy Advice

The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above. It will be used by the NSW Department of Education for seeking consent for the child to undertake activities within this excursion activity. Provision of this information is required by law / voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the school on 9521 3244



MEDICAL INFORMATION FORM

Medical Information Form

Privacy Advice

- The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion to *The Pavilion Performing Arts Centre on Wednesday, June 4, 2025*
- It will be used by the NSW Department of Education for seeking consent for the child to undertake activities within this excursion activity.
- Provision of this information is required by law / voluntary. It will be stored securely.
- You may correct any personal information provided at any time by contacting K.Godwin.

Student Name: Class:

Parent or Caregiver Contact Details

Name: Address:
Home Phone: Work: Mobile:

Doctor Contact Details

Name: Address:
Doctors Phone:

Emergency Contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: Phone:
2. Name: Phone:

List existing medical conditions or illness (including asthma, diabetes, epilepsy, allergies, recent injuries etc). Outline the treatment for each.

1. Allergies: (medications, food etc): YES / NO (Please circle)

Details including action plans:

2. Recent Injuries: YES / NO (Please circle)

Details:

3. Illnesses: YES / NO (Please circle)

Details including medication:

4. Other medical conditions:

YES / NO (Please circle)

Details:

Outline special dietary needs including possible reaction to inappropriate diet

- | | |
|---|---|
| <input type="checkbox"/> None to report | <input type="checkbox"/> No Pork |
| <input type="checkbox"/> Egg Free | <input type="checkbox"/> Nut Free |
| <input type="checkbox"/> Gluten/Wheat Free | <input type="checkbox"/> Shellfish Free |
| <input type="checkbox"/> Halal | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Lactose/Dairy Free | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> No Beef | <input type="checkbox"/> Other: |

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

In the event that your child should need medical attention, it would assist if you could supply the relevant health information

Medicare Number: Health Care Number:

Signature: Date:

Please return this form to Gymea Technology High School by: Wednesday, May 21, 2025.