



Ambarvale High School

Thomas Rose Drive Rosemeadow NSW 2560
PO Box 90 Campbelltown NSW 2560
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Principal: Ms L Barnott-Clement, M.A., M.Ed., B.A., Dip.Ed.
Deputy Principal: Ms S Arts, M.Ed., B.Sci., Dip.Ed.
Deputy Principal: Ms E Fitzgerald, B. Health Science, Dip.Ed.

Educational Activity Information and Consent Community Mobility/Living Skills Program 2021

Dear Parent

As part of the special Living Skills and Community Mobility programs provided in the Support Unit at Ambarvale High School, students will be participating in activities that require them to walk to Rosemeadow Marketplace.

Students will have a role in menu planning, shopping and preparing food for Inspire Café and small school functions such as weekly staff morning teas and other special occasions as they arise. Where appropriate, students will also be involved in activities to promote the acquisition of skills such as road safety skills and awareness. Students will be under the supervision of a staff member at all times.

Please sign the note below and return to school so that programs can be fully operational as soon as possible.

Emergency Contact Number: 4627 1800

K. Whitehead

Mrs K Whitehead
Relieving Head Teacher Support
1 February 2021



**Educational Activity Consent
Community Mobility/Living Skills Permission Note 2021**

I give permission for my son/daughter _____ to participate in the Living Skills and Community Mobility programs involving travel to Rosemeadow Marketplace. I understand that my child will be walking from the school to Rosemeadow Marketplace and will be under the supervision of a staff member.

Parent Signature: _____

Date: _____

If your contact details or medical information has recently changed please update them below. It is essential that you provide us with up to date information in the event of an emergency.

MEDICAL INFORMATION:

Medical conditions _____

Allergies _____

Diet requirements _____

Medication _____

Other _____

Medicare No. (optional) _____

Parent/Emergency contacts:

	Name	Contact Number	Relationship to Student
1.	_____	_____	_____
2.	_____	_____	_____

Parent Signature: _____

Date: _____