



Ambarvale High School

Thomas Rose Drive Rosemeadow 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 Excursion and Consent Sports, Lifestyle and Recreation Outdoor Recreation Bushwalk

Dear Parent

As part of the Sports, Lifestyle and Recreation (SLR) program for Term 1 your child will participate in a number of bushwalking trips. During these trips students will be conducting risk assessments and providing strategies to minimise harm as well as identifying strategies to preserve the natural environment. Students will use the information and experience gathered to help them meet the requirements for the Outdoor Recreation Unit. Students will walk from school to the venues and back, supervised at all times by classroom teachers Mr Cavaleri and Mr Spruce who will have mobile phones with them in case of emergency. The tracks will be Intermediate Level - tracked and easy untracked.

What to bring: Full Sport uniform and enclosed walking shoes (or joggers) with non-slip soles, sunscreen, hat and water bottle.

When: Various times during Term 1, during regularly timetabled SLR periods.

Where: Departing from school and walking to St Helens Park and Rosemeadow Bushlands.

Supervising Teacher/s:

Mr G Spruce
Mr V Cavaleri

Emergency Care

First Aid Certificate

Mrs K Page
Head Teacher PDHPE
1 February 2021

Mr V Cavaleri
SLR Coordinator



**SLR Outdoor Recreation
Bushwalk**

I hereby consent to my child _____ of Year _____, participating in bushwalking trips from school during their regularly timetabled SLR periods.

If required, I consent to the supervising teacher seeking any medical aid that he/she feels is necessary.

Signature of Parent: _____ **Date:** _____

Parent contact phone numbers:

_____ Home _____ Work _____ Mobile

Health Details: Medicare Number: _____

Does your child suffer from any medical condition? (asthma, diabetes, epilepsy, etc.) Please note any details of the medical management program that the supervising teacher may need to be aware.

Give details of any medication your child is currently taking together with the dispensing routine:

Give details of any allergy your child has to common foods, plants, insect bites, medications etc:

**PLEASE RETURN PERMISSION NOTE TO THE
PDHPE STAFFROOM**