



Ambarvale High School

Thomas Rose Drive Rosemeadow NSW 2560
PO Box 90 Campbelltown NSW 2560
Phone: (02) 4627 1800 Fax: (02) 4628 5289
Email: ambarvale-h.school@det.nsw.edu.au

Principal: Ms L Barnott-Clement, M.A., M.Ed., B.A., Dip.Ed.
Deputy Principal: Mr D Macpherson, Dip.Teach.
Deputy Principal: Ms S Arts, M.Ed., B.Sci., Dip.Ed.

Educational Incursion Information and Consent For Walking School Sport Term 3 2019

Dear Parent

Your child has expressed interest in participating in walking during school sport. Your child will be actively engaging in sport by walking around the school community and surrounding environments.

When: Term 3, during allocated sport periods

Where: Rosemeadow Community 2560

Cost: \$Nil

What to bring: Water bottle, hat and sunscreen

Dress Code: Full school PE uniform to be worn to school.

Supervising Teacher:

Year 8 Teacher - Ms Ryan
Year 9 Teacher - Mr Conca
Year 10 Teacher - Ms Nunes

Emergency Care

First Aid Certificate

Emergency Contact Number: 4627 1800. The teacher on the sport group will also be carrying a mobile phone whilst out walking and can be contacted via the school front office.

Other:

Please note students will be following a specific route each sport lesson with the above allocated teacher. If your child is asthmatic they need to ensure they bring their asthma puffer. Students can carry a water bottle with them as their bag will be kept in a locked classroom at school.

Please complete and sign the permission note attached and provide relevant medical information.

Mr J Garrido
Relieving Head Teacher PDHPE
23 July 2019

Mrs E Burcher
Organising Teacher



Educational Incursion Information and Consent
Walking School Sport

I give permission for my child _____ of year _____ to participate in Walking for School Sport, at Ambarvale High School in 2019. I understand that they will participate during school sport periods, around the Rosemeadow community. I understand that my child will return to class as per normal at the end of each session. I also understand that students must be in full school PE uniform at the conclusion of the sessions and must return to class on time.

MEDICAL INFORMATION:

Medical conditions _____

Allergies _____

Medication _____

Other _____

Medicare Number (optional) _____

Parent/Emergency Contacts:

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

Parent Signature: _____ **Date:** _____

**Please return permission note to the
PDHPE Staffroom by the end of Week 1, Term 3.**