



# RICHMOND HIGH SCHOOL

Richmond Agricultural College

Website: <http://www.richmond-h.schools.nsw.edu.au>

Email: [richmond-h.school@det.nsw.edu.au](mailto:richmond-h.school@det.nsw.edu.au)

Lennox Street, Richmond 2753

Phone: 02 45781177



## PARENT/CAREGIVER INFORMATION

2<sup>nd</sup> April 2024

Dear Parent or Caregiver,

The team in which your student participates **Ag Show Team** will be attending an excursion to the **Hawkesbury Show** from **19<sup>th</sup> - 21<sup>st</sup> April 2024**.

This excursion has been planned to supplement work being done in the following area(s): This is our local show and provides us with tremendous opportunities to work with sheep, plants, cattle, and poultry, as well as develop community connections and form bonds with Agriculture students from other schools. Students are required to advise us of what events they would like to participate in, as numbers are restricted, and entries must be put in before the show weekend.

The cost of the excursion is: **\$20** This is payable to the Finance Office or Online.

Students will need a valid Opal card for transport to and from the venue if using a train otherwise travel will be by **Parent Vehicle**.

Students will be required to be at the showground by **8am** each day. (Meeting Point is the Cattle Pavilion)

And will be dismissed at **4.30pm** from the showground each day.

The excursion will end at **4.30pm** and parents must pick up children promptly from the above location or make appropriate arrangements for their return home.

Unsupervised activities on this excursion: **Students will be able to navigate pavilions in small groups.**

The teacher in charge of the excursion is: **Susan Hoeflake**

The teacher with Emergency Care training is: **Susan Hoeflake**

The teacher with Cardio Pulmonary Resuscitation (CPR) training is: **Susan Hoeflake.**

Teacher(s) attending excursion: **Susan Hoeflake, Catherine Rendell, Beth Middleton**

Additional Information: **Students are required to wear show team uniform-show shirt, jeans(long pants) and boots – the school will provide the show shirts. Food may be expensive and students may not have time to purchase foods so it is recommended that students bring enough food and water for the entire day. There will be no transport provided for students to or from Richmond and the Hawkesbury Showground. If students do not indicate what events they would be willing to participate in when they return this note, we will be unable to enter them in any events.**

**Students are to arrive in jeans, boots and show team shirt if they have one or any shirt. Jumper etc depending on weather.**

Excursion Coordinator

Principal

Please complete details on the attached page and return to the school by: 12th April 2024

**Ag Show team Holiday workshop 17<sup>th</sup> April 2024**

I hereby consent to \_\_\_\_\_ of Year \_\_\_\_\_ participating in the incursion.  
(student name)

**Student Medical Details & Health Conditions**

Medical conditions: *(please tick applicable)*

Allergies                       Anaphylaxis                       Asthma                       Severe Asthma

Diabetes                       Epilepsy                       Other

Please note: Any child that has a ASCIA Health Care Plan must have a copy of the plan & any medication on their person at all times to be able to attend.

Please note details for **Other** and/or precautions/medications/treatments for any of the others ticked above:

\_\_\_\_\_

**Ambulance / medical treatment**

I affirm that, to the best of my knowledge, my child/ward has no medical condition or injury that places him/her at risk by participating in this sport / school activity.

In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility for expenses incurred.

Medicare Number \_\_\_\_\_ Ref: \_\_\_\_\_ (for use at surgeries, medical centres, etc)

Contact Number: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

Signature of Parent/Caregiver

Date

**Important information**

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

Parents/Carers are advised to assess the level and extent of their child/ward's involvement in the sport program offered by the school, school sport zone, region and state school sport associations when deciding whether additional insurance cover is required prior to their child's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

Parents/Carers who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/file/1449>.

I can confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. (Personal injury statement)

The Australian Medical Association recommends students being symptom -free of concussion for 14 days before returning to sport. Students who have suffered a concussion within 14 days of the event, must provide written clearance from a medical practitioner prior to participating.

If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 days period prior to the event commencing, you must report this to team officials, and a medical clearance is required for your child/ward to participate in the event.

Clearances can be attached to this consent form or can be submitted to team officials separately.

---

Signature of Parent/Caregiver

Date

*This page only needs to be completed if students are travelling in a private vehicle.*

**PERMISSION FOR STUDENT TO USE A PRIVATE VEHICLE ON A SCHOOL EXCURSION**

I hereby consent to ( Name )..... participating in an excursion to (location) ..... on (date) .....

I also give my permission for my son / daughter to be transported to and from the venue by private vehicle under the conditions outlined below.

The driver is licenced.

The motor vehicle is registered.

The number of passengers in the car will not exceed the number of seat belts or in the case of a larger vehicle the number of passengers will not exceed the number that the vehicle is licenced to carry.

My child (Name) ..... will be the driver / passenger. (delete one)

Please provide details of any special needs that your son / daughter have that may be a cause of concern if they travel in a private vehicle.

.....  
.....  
.....  
.....

Signature of parent / caregiver ..... Date .....