



JOHN EDMONDSON HIGH SCHOOL

PRINCIPAL: Mr Brij Khanna

11 Extension 1 English Morning Classes

11 ENG EXT 1

If this incursion is on a day when an assessment task is due/scheduled, students will need to make prior arrangements with the subject teacher at least 2 days before the excursion.

| | | | |
|----------------------------|--|----------------------------|--|
| WHEN | Tuesday 20th February 2024, Tuesday 5th March 2024, Tuesday 19th March 2024, Tuesday 2nd April 2024, Tuesday 30th April 2024, Tuesday 14th May 2024, Tuesday 28th May 2024, Tuesday 11th June 2024, Tuesday 25th June 2024, Tuesday 23rd July 2024, Tuesday 6th August 2024, Tuesday 20th August 2024, Tuesday 3rd September 2024, Tuesday 17th September 2024, Tuesday 15th October 2024, Tuesday 29th October 2024, Tuesday 12th November 2024, Tuesday 26th November 2024, Tuesday 10th December 2024 | | |
| TIME | 7:10am to 8:40am | | |
| WHERE | John Edmondson High School - F03 classroom | | |
| COST | Free | PERMISSION NOTE DUE | Return note to teacher in charge by Tuesday 20th February 2024 |
| DRESS CODE | Full School Uniform | | |
| GENERAL INFORMATION | This class will cover content for 11 English Extension 1. Class will be held prior to school Tuesday A fortnightly from 7:10am and Friday B during periods 5 and 6. | | |

Principal
6th February 2024

C. Mackey
Teacher

Return note to teacher in charge

11 Extension 1 English Morning Classes

11 ENG EXT 1

Name: Roll Class:

I give permission for the above named student to participate in the **11 Extension 1 English Morning Classes** incursion on Tuesday 20th February 2024, Tuesday 5th March 2024, Tuesday 19th March 2024, Tuesday 2nd April 2024, Tuesday 30th April 2024, Tuesday 14th May 2024, Tuesday 28th May 2024, Tuesday 11th June 2024, Tuesday 25th June 2024, Tuesday 23rd July 2024, Tuesday 6th August 2024, Tuesday 20th August 2024, Tuesday 3rd September 2024, Tuesday 17th September 2024, Tuesday 15th October 2024, Tuesday 29th October 2024, Tuesday 12th November 2024, Tuesday 26th November 2024, Tuesday 10th December 2024.

MEDICAL CONDITIONS (including allergies & asthma):

Parent/Carer Name: Date:

Parent/Carer Signature: Telephone:

| | |
|------------------------|--|
| OFFICE USE ONLY | Amount: No cost Return note to teacher in charge by: Tuesday 20th February 2024 |
|------------------------|--|



JOHN EDMONDSON HIGH SCHOOL

PRINCIPAL: Mr Brij Khanna

CONSENT STATEMENTS

Personal Injury Statement

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/ward'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>.

Concussion Clearance

The Australian Medical Association recommends students being symptom free of concussion for 14 days before returning to sport.

- 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 in order for your child/ward to participate in the event.
- Medical clearances can be attached to this consent form or can be submitted to team officials separately.

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 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 require. I accept full responsibility for expenses incurred.

COVID-19 Statement

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.