



# JOHN EDMONDSON HIGH SCHOOL

PRINCIPAL: Mr Brij Khanna

## South Cares Terms 2-4 2024

*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.*

<b>WHEN</b>	Wednesday 8th May 2024, Wednesday 22nd May 2024, Wednesday 5th June 2024, Wednesday 19th June 2024, Wednesday 3rd July 2024, Wednesday 31st July 2024, Wednesday 14th August 2024, Wednesday 28th August 2024, Wednesday 11th September 2024, Wednesday 25th September 2024, Wednesday 23rd October 2024, Wednesday 6th November 2024, Wednesday 20th November 2024, Wednesday 4th December 2024, Wednesday 18th December 2024		
<b>TIME</b>	10:40am to 11:30am		
<b>WHERE</b>	John Edmondson High School PLS 5		
<b>COST</b>	Free	<b>PERMISSION NOTE DUE</b>	Return note to teacher in charge by Monday 6th May 2024
<b>DRESS CODE</b>	Full School Uniform		
<b>EQUIPMENT</b>	Students are required to bring pen and paper		
<b>GENERAL INFORMATION</b>	Students will be engaging in a program run by the South Care Liverpool Hub. The room is at school in PLS 5		

Principal  
9th April 2024

G. Bond  
Teacher

Return note to teacher in charge

## South Cares Terms 2-4 2024

Name: ..... Roll Class: .....

I give permission for the above named student to participate in the **South Cares Terms 2-4 2024** incursion on **Wednesday 8th May 2024 to Wednesday 18th December 2024**.

MEDICAL CONDITIONS (including allergies & asthma): .....

Parent/Carer Name: ..... Date: .....

Parent/Carer Signature: ..... Telephone: .....

<b>OFFICE USE ONLY</b>	Amount: No cost Return note to teacher in charge by: Monday 6th May 2024
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## 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.