

# 1. Permission note

Name, contact details and activities



Dear Parent/Guardian,

Please read the statements below, sign and return to Aurora College by Friday 8 September 2017 by email to [auroracoll-h.school@det.nsw.edu.au](mailto:auroracoll-h.school@det.nsw.edu.au).

- I give permission for the student named below to attend Aurora College's residential school based program at **Bathurst Goldfields** from **Monday 23 October to Friday 28 October 2017**.
- I understand some staff members are certified for First Aid and CPR.
- I give permission for medical treatment to be administered in the case of emergency.
- I give permission for the student named below to attend the residential and participate in the activities scheduled as part of this program.
- I understand that in the event of unreasonable behaviour that I will be required to collect the student named below.

Student name: \_\_\_\_\_

Year group: \_\_\_\_\_

Parent/caregiver name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_

Student mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

## 2. Travel Plans

Private car, chartered bus, flights etc.



A variety of destinations are available for transporting your child to and from the Aurora College residential.

Please complete all information.

1. **Please indicate below** where you wish your child to be collected from and dropped off

**Destination on the bus routes** (complete bus selection in question 2)

**Sydney Airport** (complete flight details in question 3)

**Bathurst Goldfields** accompanied by own parent/guardian (complete travel acknowledgment in question 5)  
via private vehicle

accompanied by another parent or teacher (complete travel in private vehicle, question 4)

**Bathurst train Station** (complete travel acknowledgment in question 5)

### Buses

Chartered buses are dependent on staff available for supervision and student numbers. The routes are listed below and provided in a table (in Residential Information) and show the pick-up/drop-off destinations and the targeted schools

- **Bus 1 – Eden** (with pickups/letdowns at Bega, Narooma, Moruya, Ulladulla, Nowra, Goulbourn)
- **Bus 2 – Griffith** (with pickups/letdowns at Leeton, Narrandera, Coolamon, Junee, Young, Cowra)
- **Bus 3 – Cobar** (with pickups/letdowns at Nyngan, Dubbo, Parkes, Blayney, Orange)
- **Bus 4 – Sydney Airport** (direct bus to Bathurst Goldfields).

2. **Please select** the bus your child will be travelling on and indicate **the pick-up and drop-off locations**.

Chartered buses		Pick up location	Drop off location
	Bus 1		
	Bus 2		
	Bus 3		
	Bus 4	<i>Sydney Airport</i>	<i>Bathurst Goldfields</i>

*Please complete the travel acknowledgement, question 5*

## Flights

3. **If booking flights to and from Sydney** a bus will be provided to transport staff and students from Sydney Airport. **Please note:**

- Flights must arrive at approximately 1pm or slightly earlier on Monday 23 October 2017.
- Flights must depart at approximately 1pm or slightly later on 27 October 2017.

I have attached a copy of flight reservations.

Mode of transport	Arrival details (eg: time, flight number)	Departure details (eg: time, flight number)
Flights (please provide itinerary)		

## Travel insurance

### a. Travel insurance

The DoE recommends that parents or caregivers arrange travel insurance for students for intrastate travel or interstate excursions that require travel by air.

I have arranged travel insurance with .....

A copy of the policy is attached.

*Please complete the travel acknowledgement, question 5*

## Travel in private vehicle

4. **If your child is travelling with another parent or teacher**, please fill in the form below.

I \_\_\_\_\_ (Name of parent) give permission for my child

\_\_\_\_\_ (Name of child) to travel to and from the Residential on 23 October and

27 October 2017 with the person listed below.

I acknowledge that this driver is licensed, the car is registered and permission has been sought from Aurora College for this form of transportation to be used.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child is being transported:

- by a teacher \_\_\_\_\_ (Name of teacher). Go to question 5.
- by another parent \_\_\_\_\_ (Name of parent). Complete private vehicle details below.

**Private Vehicle Details (for students travelling with other parents)**

Driver name: \_\_\_\_\_

Vehicle make and model: \_\_\_\_\_

Registration number: \_\_\_\_\_

Registration expiry: \_\_\_\_\_

Reason for using private vehicle: \_\_\_\_\_

Driver's licence number: \_\_\_\_\_

Licence expiry date: \_\_\_\_\_

**Comprehensive Insurance Policy Details**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

*Please complete the travel acknowledgement, question 5*

**Travel acknowledgment**

5. Please confirm your child's destinations for pick up and drop off.

**a. Travelling to Bathurst**

I will ensure to arrange for my child to arrive safely at \_\_\_\_\_  
(Choose destination from the lists), on Monday 23 October 2017.

**b. Travelling home from Bathurst**

I will ensure to make arrangements for my child to travel home from \_\_\_\_\_  
(Choose destination from the lists), on Friday 27 October 2017.

Parent signature: \_\_\_\_\_ date: \_\_\_\_\_

*Thank you, Please complete the next section*

# 3. Medical Information

Emergency contacts, existing conditions and dietary requirements



AURORA  
COLLEGE

**Student name:** \_\_\_\_\_

Year group: \_\_\_\_\_

Home School: \_\_\_\_\_

## **Emergency contact #1 (other than parent/caregiver above)**

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to student \_\_\_\_\_

## **Emergency contact #2 (other than parent/caregiver above)**

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to student \_\_\_\_\_

## **Doctor's contact details**

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Return all forms by Friday 8 September 2017  
by email [auroracoll-h.school@det.nsw.edu.au](mailto:auroracoll-h.school@det.nsw.edu.au)

**List any existing medical conditions or illnesses** (include asthma, diabetes, epilepsy, allergies etc) **AND outline the treatment for each.**

**Outline special dietary needs** (include possible reaction to in appropriate diet).

**Medications to be administered during the residential** (include name of medication, instructions for administration, time of administration and any possible reactions). Permission for administration on the next page is to completed for all medications.

Please provide Aurora College with up-to-date document(s) lodged with your home school if the following apply to you. You may need to approach the Aurora College Coordinator in your school for these.

- ASCIA action plan for allergic reactions
- ASCIA action plan for anaphylaxis
- Asthma or other health plan lodged with the student's home school

Return all forms by Friday 8 September 2017  
by email [auroracoll-h.school@det.nsw.edu.au](mailto:auroracoll-h.school@det.nsw.edu.au)

## Permission for administering medications

I give permission for my child \_\_\_\_\_, **to be given / to self-administer** the following medication/s during the school residential program from 23 to 27 October 2017

Parent or carer signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Name of medication:** \_\_\_\_\_

Expiration Date: \_\_\_\_\_

which is **prescribed / over the counter** medication for treating \_\_\_\_\_

Dosage: \_\_\_\_\_  Refrigerate

Days to be given: \_\_\_\_\_

Times to be given: \_\_\_\_\_

Special instructions (e.g. take with food): \_\_\_\_\_

\_\_\_\_\_

Possible reactions or side effects: \_\_\_\_\_

\_\_\_\_\_

**Name of medication:** \_\_\_\_\_

Expiration Date: \_\_\_\_\_

which is **prescribed / over the counter** medication for treating \_\_\_\_\_

Dosage: \_\_\_\_\_  Refrigerate

Days to be given: \_\_\_\_\_

Times to be given: \_\_\_\_\_

Special instructions (e.g. take with food): \_\_\_\_\_

\_\_\_\_\_

Possible reactions or side effects: \_\_\_\_\_

\_\_\_\_\_

*Note: If more than 2 medications are required, please print multiple copies of this page*

**Your child's medication should be clearly labelled with their name**

## Request for other support

Please provide details of any other health care support your child needs during our school residential program (e.g. refilling insulin, checking blood sugar levels, changing contact lenses):

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**Privacy notice**

*The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.*



# 4. Payment

Totals and payment options



AURORA  
COLLEGE

Student name: \_\_\_\_\_

Year Group: \_\_\_\_\_ Home School: \_\_\_\_\_

## PAYING FOR:

Residential Camp \$ 350.00

Bus (\$50.00) \$ \_\_\_\_\_ \*No charge for destinations: Blayney and Orange

Total \$ \_\_\_\_\_

Please select one payment method below

### CHEQUE

Please make cheque payable to Aurora College and post to:

Aurora College

3b Smalls Rd

RYDE NSW

### CREDIT CARD SECURE PAYMENT ONLINE

For parents to make a payment: reference RES2 and name of student. Go to

[www.aurora.nsw.edu.au](http://www.aurora.nsw.edu.au) - For Parents/Make a Payment

**CREDIT CARD BY TELEPHONE** - To comply with [PCI regulations](#), please telephone the school on 1300 287 629 (free call)

*Thank you, please complete Student feedback*

## 5. Student feedback

Aurora College consent form

### Evaluation: Student surveys regarding Aurora College

I,  Print or type your name here

Please select one option

Give my consent

or

**Do not** give my consent

for my child  Print or type your child's name here

in Year  Write year here

to participate in the evaluation of Aurora College, by completing a survey.

In giving consent, I acknowledge that:

1. I understand the procedure and the time involved
2. I have read the information sheet and have been given the opportunity to discuss the evaluation with the researcher
3. I have discussed participation in the evaluation with my child and my child agrees to participate
4. I understand that participation is voluntary. My child is free to withdraw at any time
5. If my child does not participate, there will be no disadvantage of any kind
6. I understand that my child's participation is strictly confidential and that no reported information will identify my child

Date:  Write the date here

*Thank you for completing all the forms*