



Woodward Street
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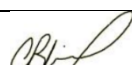
Orange High

Honour the past, create the future

OHS Wellbeing Day PARENT/ CAREGIVER INFORMATION AND CONSENT FORM

Nature of Excursion: OHS Wellbeing Day

Date of Excursion: 26th September

Your son/daughter/ward		
	<i>(First Name)</i>	<i>(Last Name)</i>
Will be participating in the Incursion: OHS Wellbeing Day 2019		
At: Orange High School		On: 26/9/19
The anticipated outcomes are: Supporting improved mental health awareness through a fun day of carnival rides, information sessions and interactions with peers and staff		
The cost of the excursion is: \$25 – Unlimited Rides (must be pre-purchased)	Payment to be made to the Front Office by 3.30pm on the: Friday 30 th August 2019	
Additional information/ Dress Code: Full School Sports Uniform		
The day will include the following amusement rides; Dodgems cars, Sizzler ride, Yoyo, Disco(Miami), Hurricane, Mechanical bull, Clown vans, Rock wall, Adrenaline rush extreme, Melt Down , Giant Atomic Rush, snow cones , fairy floss , and popcorn. Food in the day will be purchased at students own expense.		
A range of stalls including; Headspace, Black Dog Institute, Orange Aboriginal Medical Service, TAFE, Skillset, CSU, Police, Council will also be on hand to support students throughout the day.		
Students will not be permitted to arrive after 9.00am or leave before the end of the school day at 3.28pm. The school will be locked to all members of the public during this time.		
School Phone Number	6362 3444	Mobile Phone Number in case of emergency N/A
Principal C Bliss		Teacher in Charge Chad Bliss

PLEASE COMPLETE THE SECTION BELOW AND RETURN IT BY:

I hereby consent to

Year :

Roll:

participating in the educational incursion

OHS Wellbeing Day

at:

Orange High School

From:

9am

till:

3.30pm

Special needs of the child of which you should be aware: (eg allergies etc)

to the best of my knowledge, he/she has no medical condition, physical disability or injury which puts him/her at risk in participation in the excursion.

Signature of Parent/ Caregiver:

Date: