‘ART Smart’ Visual Art Student Workshop 2015

GENERAL INFORMATION

DATES: Monday 27th July- Wednesday 29th July, 2015

ELIGIBILITY: Stage 3 students

VENUE: Wollongbar Primary School

ATTENDANCE TIMES: 9:15 am-3:15 pm

CONTACT NO: Jamie Hoile- Clunes PS  66291278

COSTINGS: The cost of the workshop is $75 per student

WHAT TO BRING/WEAR: Wear comfortable clothing. A hat is required.
Please make sure your name is clearly marked on belongings and leave unnecessary valuables at home.
Please bring lots of water and plenty to eat for each of the days.

IMPORTANT: NOTE-
If your child has special needs, particularly those requiring a “Health Care Plan”, it is essential that the full details are made available to the ARTsmart Coordinator well in advance of the workshop, to ensure for the welfare of your child. Failure to supply those details well in advance may preclude that child’s attendance at the workshop.
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Stage 3 students

CONSENT FORM

STUDENT’S NAME: _______________________________________

SCHOOL: _______________________________________________

PARENTAL CONSENT (Please sign below)

I agree to my child ____________________________ attending the ‘Art Smart’ Visual Art Student Workshop at Wollongbar PS from Monday 27th July-Wednesday 29th July, 2015, and to his/her participation in the activities arranged during the workshop.

I agree to indemnify the NSW Department of Education and Training and its officers against any claim arising as a result of accident, sickness or otherwise, except in which negligence is proved.

In the event that my child behaves in an unacceptable manner or fails to conform to rules I am aware that their school principal and parent/s will be notified and arrangements made for the student to return to their school.

I have attached the medical form provided and verify that travel details have been organised as indicated.

Signed (Parent/Guardian): ___________________________ Date: ____________

THIS FORM DUE back at school- Wednesday 10th June, 2015
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MEDICAL INFORMATION FORM

Please print answers to all questions and give additional information where necessary. Return forms with payment to application school and they will post to Clunes Public School, Walker Street, Clunes 2480

Student's Name: ____________________________________________

(First Name)  (Surname)

Date of Birth: ___________________________ Age: ________ Sex: ______

Address: ___________________________________________________

P/Code: ______________________________

Parent/Guardian Name: (Dr/Mr/Mrs/Ms/Miss) ______________________________

Home phone: (___) ___________ Work Phone: (___) ________________

Emergency contact information

Name: ___________________________________ Phone: (___) ________________

Has your child attended a doctor for treatment of any serious illness recently? ______

If YES please give details:

_________________________________________________________________

Does your child suffer from: Diabetes ______ Epilepsy______ Asthma______

Migraine Headaches ______ Allergies________

Please detail________________________________________________________________

Any other illness _______________________________________________________________

Does your child have any adverse reaction to any drugs or medication? _____________

If YES please give details: ______________________________________________________

Will your child be regularly bringing any medication to rehearsals/events? If so list below.

Medication: ___________________________ Dosage: ___________________________

Medication: ___________________________ Dosage: ___________________________

Date of last tetanus injection: _____________ or within last 2 years____ 5 years____

Medicare Number: __________/_________/________

Private Health Insurance (if any): ___________________________________________________________________________ No: ______

"I hereby give permission for the tutor/coordinator to obtain, on my behalf, any medical
attention which, in the event of accident or illness, may be deemed necessary for my
son/daughter."

Signature of Parent/Guardian: __________________________ Date: ________________

________________________________________________________________________

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Stage 3 students

Publicity Consent Form

I give permission for the inclusion of my child in publicity organised for the ‘ART Smart’ Visual Art Student Workshop 2015 to be held at Wollongbar PS, from Monday 27\textsuperscript{th} July- Wednesday 29\textsuperscript{th} July, 2015. I have no objection to my child being interviewed, photographed or filmed by the Department or by media organised and supervised by the NSW Department of Education and Training.

Students Name: ________________________________

School: ______________________________________

Signature (parent/guardian): ___________Date: ___________

Return all forms to your school and they will then be posted to:
Jamie Hoile (Art smart Coordinator) at Clunes PS, Walker St. Clunes, 2480

 THIS FORM DUE back at school- Wednesday 10\textsuperscript{th} June 2015