

**SSU REGIONAL DANCE SELECTION/REHEARSAL DAY – PERMISSION/INFORMATION NOTE**

Dear Parent / Guardian / Care Giver

Your child ..... of ..... School has been nominated to attend the Central Coast Dance Festival Regional Student Support Dance Ensemble Selection / Rehearsal Day

The first selection / rehearsal day will be held at Flex Dance Studios, Erina, located in the Industry grounds, behind the Tame Fox Cafe

ENSEMBLE	DATE	TIME	YES / NO
Student Support Ensemble Audition	Tuesday 12 <sup>th</sup> March	9:30am – 1:30pm	

Students are to make their own way to and from the venue and must provide their own water and food for the audition.

Each student must be accompanied by a DoE teacher or DoE SLSO for the day

My child WILL travel privately with..... to and from the audition

Contact number during travel:.....

Organising Teacher:..... Email:.....

School:.....

**Privacy Advice**

The personal information provided on this permission note, will be use and disclosed by the Department of Education for general administration, communication with parents or carers and matters relating to the health, safety and welfare of your child in connection with your child’s participation at this event or for any other purpose required or permitted by law. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be held securely and disposed of securely when no longer needed. You may correct personal details recorded on the form at any time by contacting the Ensemble Coordinator.

***Please bring this completed consent form to the audition***

## **EMERGENCY MANAGEMENT PLAN**

### **EMERGENCY PROCEDURES**

#### **In the event of Lockdown/Lockout/Evacuation**

- Students will be taken to the nearest local public school.
- Parents will then be notified by the teacher in charge and via sms
- If a person other than the parent/caregiver is picking up the student they will need to have written permission from the parent/caregiver.

#### **BUSHFIRE EVACUATION**

- Students will be evacuated to the nearest 'safe place' as directed by the NSW RFS
- Parents will then be contacted by the teacher in charge and via sms

#### **WATER BASED EXCURSIONS**

- If this excursion involves students participating in water based activities could you make sure that you fill in the appropriate section on the permission note.

#### **USE OF PRIVATE VEHICLES**

- If students are travelling by private vehicles to and from this excursion, a separate permission note must be completed by drivers and passengers.

**PARENT CONSENT FORM**

I have read the information about the *CENTRAL COAST DANCE FESTIVAL REGIONAL STUDENT SUPPORT ENSEMBLE SELECTION / REHEARSAL DAY* to be held at Flex Dance Studios, located at Erina, in the Industry Grounds, behind the Tame Fox Café on Tuesday 12<sup>th</sup> March 2019

I hereby give permission for my son/daughter \_\_\_\_\_ (insert name) of Year \_\_\_\_\_ and \_\_\_\_\_ school to attend this excursion and participate in

- Attending the Student Support Ensemble Selection/Rehearsal day on Tuesday 12<sup>th</sup> March
- Finding their own way to and from the audition
- Participating in the dance rehearsal
- Students must be collected from Flex Dance Studios Erina at the concluding time
- Students attending must provide Health care/behaviour support/risk management plans and any/all necessary medication
- Student must be supported by DoE teacher and/or SLSO for the duration of the rehearsal

I understand that there may be times when students are not in direct line of sight of the teacher on this excursion.

I understand that there may be times when students are not being directly supervised.

I understand not all students may be selected for the final performance after this selection/rehearsal day

The following **medical conditions** need to be managed for the participation of my son/daughter.

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Permission to be photographed (CCDF Website/Facebook/Instagram)

Signed (Parent/Caregiver): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver's Emergency Contact No: \_\_\_\_\_

**Yes I have read and understood the Emergency Management Plan** (see above)

- **Please bring this Parent Consent Form to the Dance Ensemble Rehearsal along with a copy of student health care/behavior/risk management plan and all necessary medication**