



# WAMBERAL Public School



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## Excursion, Performance and Activity Consent Form

25th May 2023

Dear Parents and Carers,

An excursion, performance or activity has been organised for your child. The information is as follows:

<b>Title</b>	PSSA Boys and Girls Basketball Gala Day
<b>Brief Description</b>	Selected Stage 3 students will participate in a PSSA Basketball Gala Day which will be held at The Central Coast Basketball Stadium, Terrigal, as a one-day event in Week 7 on Friday 9 June 2023.
<b>Venue</b>	Central Coast Basketball Stadium, Terrigal Duffys Road, Terrigal NSW 2260
<b>Day and Date</b>	Friday 9 June 2023 <b>Permission note is due by Wednesday 7 June 2023</b> (Please inform Mrs Forsberg via the office if your son/daughter cannot attend)
<b>Time of departure and return</b>	8:45am - Arrival 9.00am - Wamberal PS vs Chittaway PS (Boys) 10:00am - Wamberal PS vs Chittaway PS (Girls) 11:00am - Boys game 12:00pm – Girls game 1:00pm – Boys game 2:00pm – Girls game
<b>Group / Year / Classes involved</b>	Stage 3 students
<b>Transport</b>	<b>Travel will be by private car.</b> Parents are responsible for transporting their child to and from the venue. Children are to be accompanied by an adult to and from the venue. Please contact Mrs Forsberg if you are unable to do this.
<b>Cost</b>	\$18 for basketball court hire and referee payment
<b>Accompanying staff</b>	Mrs Danielle Forsberg
<b>Staff member with CPR/emergency care training</b>	Mrs Danielle Forsberg
<b>Dress requirements</b>	School sports uniform. Mrs Forsberg will provide WPS match singlet.
<b>Other requirements</b>	Please pack sunscreen, food, and water for the duration of the day. There will be a canteen facility available.
<b>Behaviour</b>	Student behaviour is considered when assessing the risk of excursions and extra-curricular events for the health and safety of all students and staff. Students must behave appropriately at all times on excursions. The school's discipline policy applies for the duration of this event.
<b>Organising Teacher</b>	If you have any questions or require further information regarding this event, please contact the organising teacher: Mrs Danielle Forsberg at school on 4384 1111.

Mrs Danielle Forsberg  
Organising Teacher

Paul Miller  
Principal

Please complete the attached permission note and medical information and return to classroom teacher by 7/6/2023.

## Wamberal Public School Excursion, Performance and Activity Consent Form

**Privacy Note:** The information provided below is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about the student who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Wamberal Public School.

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

**TITLE OF EXCURSION, PERFORMANCE OR ACTIVITY: PSSA Boys and Girls Basketball Gala Day**

**ORGANISING TEACHER: Mrs Danielle Forsberg**

**Permission note due by: Wednesday 7<sup>th</sup> June 2023**

### General Permission Details

Please tick

I consent to \_\_\_\_\_ of Class \_\_\_\_\_ participating in

PSSA Basketball Gala Day on Friday, 9 June 2023.

**Yes**

**No**

I consent to the travel arrangements for this event.

**Yes**

**No**

I give permission for my child to receive medical treatment in case of emergency.

**Yes**

**No**

### Health Care Needs

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the event, parents are responsible for:

- bringing this need to the attention of the school, including completing a written request to administer medication (forms are available on the school website);
- ensuring that the information is updated if it changes;
- supplying the medication and any 'consumables' necessary for its administration in a timely way;
- ensuring the medication is well within its expiry date; and
- collaborating with the school in working out arrangement for the supply and administration of the prescribed medication for the duration of the event.

For some events, the school will ask parents to supply the medication in a different way to what has already been agreed by the school. For example, parents may be asked to supply an additional adrenaline autoinjector (i.e. *EpiPen*® /*Anapen*®).

For asthma and anaphylaxis it is important for students to have immediate access to their medication. Please consider whether your child should carry their own *EpiPen*®, *Anapen*® or asthma reliever medication while at school. Permissions for students to carry their own asthma or anaphylaxis medication can be downloaded from the school website.

My child has a Health Care Plan at school.

**Yes**

**No**

My child has the following special needs (please provide full details and include any relevant medical details)

### Parent / Carer Details

Name: \_\_\_\_\_

Contact Number on the day: \_\_\_\_\_

Signature \_\_\_\_\_

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

