## **Excursion, Performance and Activity Consent Form**

Wednesday 2 November 2022

Dear Parents and Carers,

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

Title	2023 Year 6 Canberra Excursion		
Brief Description	To support the Year 6 HSIE Units "Australia as a Nation" and "Democracy".		
Venue	Canberra		
Day and Date	Monday 20 March 2023 – Thursday 23 March 2023 (inclusive)		
Time of departure and return	Depart WPS: 6:00am Monday 20/3/23 Arrive WPS: 4:00pm Thursday 23/3/23		
Group / Year / Classes involved	All Year 6 students		
Transport	Coastal Liner coach		
Cost	The total cost of the excursion is \$530. A non-refundable deposit of \$50 is due by 11 November 2022.  Please see below a suggested payment schedule:  INSTALLMENT AMOUNT DUE DATE  Deposit (non-refundable) \$50 Friday 11/11/22 (End Week 5, Term 4)  1st Instalment \$160 Friday 25/11/22 (End Week 7, Term 4)  2nd Instalment \$160 Friday 9/12/22 (End Week 9, Term 4)  Final Payment \$160 Friday 3/2/23 (End Week 1, Term 1)  Parents may choose to make one total payment or pay smaller amounts more frequently.  All payments must be finalised by Friday 3 February 2023.  In the event of a student's non-attendance, the original deposit is non-refundable. In case of financial difficulties, please contact the Deputy Principal, Mrs. Rees.		
Accompanying staff	TBA		

Staff member with CPR/emergency care training	All staff
Dress requirements	Refer to "Gear Checklist" attached. Full school uniform for Day 2 visit to Parliament House.
Other requirements	Please provide your child with lunch, recess, and afternoon tea for Day 1. All other meals will be provided.
Behaviour	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.
Organising Teacher	If you have any questions or require further information regarding this event, please contact the organising teacher: <b>Mr Brett Smith</b> at school on 4384 1111.

Suzie Tyson, Alison Tadman and Brett Smith Organising Teachers

Paul Miller Principal

Please complete the attached permission note and medical information and return to classroom teacher by 11/11/22

# 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: 2023 Year 6 Canberra Excursion ORGANISING TEACHER: Mrs Suzie Tyson, Mrs Alison Tadman and Mr Brett Smith Permission note, medical information form and payment (deposit) due by 11/11/22 Final payment by Friday 3/2/23

Ge	eneral Permission Details - please tick and complete all details	\$	
	I consent to of Class excursion on Monday 20 March 2023 – Thursday 23 March 20	s participatir 023	ng in the Year 6 Canberra
	I consent to the travel arrangements for this event.		
	The cost of this event is <b>\$530</b> . I encloseOR	as payment for the event.	
	I have paid for the event via the school website and my rec	eipt number is	
	My son / daughter has the following special needs (please	provide full details and include a	any relevant medical details)
	then a medical practitioner has prescribed medication (including emergency medic sponsible for: Bringing this need to the attention of the school, including completing a written	,	
	the school website).		
<ul> <li>Ensuring that the information is updated if it changes.</li> <li>Supplying the medication and any 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date.</li> <li>Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion. For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline autoinjector (i.e. EpiPen® /Anapen ®) for example.</li> </ul>			
chil the	or asthma and anaphylaxis it is important for students to have immerial should carry their own EpiPen®, Anapen® or asthma reliever more school to consider your request for your child to carry their medical s/her own medication' form available for download from our school	nedication to school and while they cation, please complete the form 'R	are at school. If you would like
	I give permission for my child to receive medical treatment	in case of emergency.	
	My Medicare number is:		
Pa	arent / Carer Name:		
Pa	arent / Carer Signature:	Date:	
Со	ontact number on the day:		

## **2023 YEAR 6 CANBERRA EXCURSION**

### **GEAR CHECKLIST**

Students should bring <u>one travelling case</u> which is clearly labelled with your child's name. Students should also bring <u>one smaller</u>, lighter bag that may be used as a backpack. Please find a gear checklist to help in your preparation (*label everything with your child's name and school*).

- Medication labelled with name and dosage to be handed to the organising teacher on the morning of departure.
- Travel sickness medication If students suffer from travel sickness they should take appropriate medication before we leave on Monday morning. Students should take enough medication with them for the rest of that trip and the return journey on Thursday. This should be handed to the teachers on the morning of the excursion (as above).

### On the bus:

Please note the larger suitcase will not be accessed until late Monday on arrival at the motel.

- Day pack (small backpack/school bag)
- Recess, lunch and afternoon tea for Monday
- 2 water bottles

#### In travelling case:

- Souvenir money (optional maximum of \$40, given to their class teacher on Monday morning)
- COVID 19 consent form (given to their class teacher on Monday morning)
- Suitable casual clothing for four days and three nights
- Full school uniform (including school shoes) must be worn on Tuesday of the excursion as we are visiting Parliament House
- 1 or 2 jumpers
- Warm Jacket (the weather may be warm or cold especially in the evening)
- Socks
- Underwear
- Sunscreen
- School hat
- Toiletries including soap and toothbrush
- Raincoat
- **Two** pairs of sneakers or enclosed shoes
- Pyjamas
- Plastic bag for dirty or wet clothes
- Handkerchief or tissues
- Pen / pencils

NO MOBILE PHONES are to be taken. (In an emergency, parents can contact the school or accommodation). Please do not allow children to bring singlets, computer games, lollies, chewing gum, jewellery, or anything else of value.

Any valuables such as cameras etc. are the sole responsibility of the student. These items must be clearly labelled with name and class.

# Medical information Form – For Overnight Excursions PLEASE RETURN THIS FORM TO THE SCHOOL BY 11 NOVEMBER 2022

The information provided on this medical information form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs of your child 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.

Student name:			Class:
Medicare number			
Parent or caregive	er contact details		
Name: Address:			
Home phone:		Work:	Mobile:
Doctor contact de			
Name: Address:			
Doctor's telephone	:	1	2
<b>Emergency conta</b>	ct(s) details (nominat	ted by the parent or caregiver as a	Iternate contact)
1. Name:			Phone:
Relationship to stu	dent		
2. Name:			Phone:
Relationship to stu	dent		

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.).  Outline the treatment for each.		
Outline special dietary needs including possible reaction to inappropriate die	et	
Medication(s) to be administered during the excursion. Include name of med	ication, instructions for	
administration, time of administration, and any possible reactions		
Further information / comments		
Parent/Carer Signature:	Date:	

Overnight excursions	
I do not / do give permission for my son / daughter to	stay overnight at Canberra Park.
I have completed and attached the medical details in of this excursion.	formation in relation to my child's attendance
Overnight excursions code of conduct – To be co	empleted by the student
I of Class following CODE OF CONDUCT. I understand that any separticipation in future overnight excursions at risk and I may	
I agree to:	
<ul> <li>represent my school, my family, and myself in a positive respect the rights of other people, both those partitive follow any directions given by supervising staff, teatetc;</li> <li>take responsibility for organising my personal below not to engage in activities that may impact on the abe patient with others;</li> <li>take responsibility for gaining the maximum benefit activities;</li> <li>behave in a safe and responsible manner; and</li> <li>wear appropriate clothing required by the teachers</li> </ul>	cipating in the excursion and the general public,. achers, adult helpers, coach drivers, tour guides ngings; ability of others to get a good night's sleep; t from the excursion by completing required
Student's Signature	Date
Overnight excursions code of conduct – Parent of the land expect them to abide by the guidelines.  I am aware that poor behaviour may lead to my child being I will be responsible for collecting my child from the excursion of th	cussed the above <i>Code of Conduct</i> with my child g sent home from this excursion. I am aware that
Signature (Parent/Guardian)	Date
Permission to view PG Rated Movies:  Name:	

□ I give permission for my child to view PG movies whilst on the Year 6 Canberra Excursion
 □ I DO NOT give permission for my child to view PG movies whilst on the Year 6 Canberra

Date: .....

Excursion.

Signed: .....