



WAMBERAL Public School



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Excursion, Performance and Activity Consent Form

1st November, 2022

Dear Parents and Carers,

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

Title	The 26th Annual Central Coast Primary and Secondary School Chess Competitions
Brief Description	The event will take place at Green Point Christian Collage in the Multi-Purpose Centre. Participating students will expect to play at least 7 rounds of chess as a round robin format and will compete as individuals. The results will be rated by NSW Junior Chess League and a schools team performance will be determined by its best three individual scores. Prizes will include individual trophies for the top 5 primary and secondary players, medallions for winners in each of 13 age divisions.
Venue	Green Point Christian College Multi-Purpose Centre
Day and Date	Thursday 1 December 2022
Cost	\$15 per student
Time of departure and return	9am – 2:30pm. Students are to be ready for 9am start. Players not present by 9am may miss Round 1.
Group / Year / Classes involved	Stage 1, 2 and 3 students who regularly attend chess club at school and have returned permission notes.
Transport	Travel will be by private transport, with parents responsible for travel arrangements to and from the venue.
Accompanying staff	James Foyel. Please note: student travel will be by private transport
Staff member with CPR/emergency care training	James Foyel
Dress requirements	Students are required to wear full school uniform.
Other requirements	Students will be required to bring their own morning tea, lunch, and refreshments.
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 and procedures 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: James Foyel at school on 4384 1111.

James Foyel
Organising Teacher

Paul Miller
Principal

Please complete the attached permission note and medical information and return to classroom teacher by 23rd November 2022

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: The 26th Annual Central Coast Primary and Secondary School Chess Competitions

ORGANISING TEACHER: James Foyel

Permission note and payment due by Wednesday 23rd November 2022

General Permission Details

Please tick

I consent to _____ of Class _____ participating in

The 26th Annual Central Coast Primary & Secondary School Chess Competition on Thursday 1 December 2022.

Yes No

I consent to the travel arrangements for this event.

Yes No

The cost of this event is \$15.00.

I have paid for the event via the school website and my receipt number is

Yes No

OR I enclose this amount as payment for the 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: _____