

Lea Rd Wamberal NSW 2260 **P**: 02 4384 1111 **F**: 02 4385 2478 **E**: wamberal-p.school@det.nsw.edu.au

Cross Country Consent Form

13 March 2020

Dear Parents and Carers,

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

An excursion, performance	or activity has been organised for your child. The information is as follows:	
Title	Wamberal Public School Cross Country Carnival 2020	
Brief Description	Students from Years 2 to 6 are invited to participate in the school cross country carnival.	
Venue	EDSAAC Oval North, Bateau Bay	
Day and Date	Tuesday 31 March 2020 In the event of poor weather, the event may be postponed to Tuesday 7 April 2020. Details will be communicated via Skoolbag App. Money and permission note are due by Friday 27 March	
Time	Students will come to school as normal. Students will travel to the venue by bus in time for their event.	
Group / Year / Classes involved		
Transport	Bus Students will travel to and from the event by bus. Due to limited staff, we are unable to sign students out at EDSAAC. This will need to be done at school on return if required.	
Cost	\$3 In case of financial difficulties, please contact the Deputy Principal, Mrs. Rees.	
Accompanying staff	mpanying staff Teachers from Year 2 to 6	
Staff member with CPR/emergency care training		
Dress requirements	School all-purpose uniform or sports uniform, including school hat. All clothing should be clearly labelled with your child's name.	
Other requirements	lt is essential that every child brings 2 drink bottles filled with water, suitable running shoes and ample sunscreen.	
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 teachers: Tom Cooper, Mitch Stone & Brett Smith at school on 4384 1111.	

Please complete the attached permission note and medical information and return to classroom teacher by 27/3/20

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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.

Contact number on the day:

Wamberal Public School Cross Country Carnival Organising Teachers: Mitch Stone, Tom Cooper and Brett Smith Permission note and payment due by Friday 27 March 2020

General Permission Details - please tick and complete all details			
	Public School Cross Country Carnival on Tuesday 31 March 2	020.	
	I consent to the travel arrangements for this event.		
	The cost of this event is \$3. I enclose as payment for the event. OR		
	I have paid for the event via the school website and my receipt	number is	
	My son / daughter has the following special needs (please providetails)	ide full details and include any relevant medical	
When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for: Bringing this need to the attention of the school, including completing a written request to administer medication (forms are available from the front office or via 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. The medication should be well within its expiry date. 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. 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 to school and while they are at school. If you would like the school to consider your request for your child to carry their medication, please complete the form 'Request for student to carry his/her own medication' form available for download from our school website. I give permission for my child to receive medical treatment in case of emergency. My Medicare number is: Parent / Carer Name:			
Pa	arent / Carer Signature: [Date:	