





Central Coast Council Active Fest Event

2nd May 2023

Dear Parents and Carers,

Blue Haven Public School and Northlakes Public School are excited to partner with Central Coast Council to offer students in Years 5 and 6 an amazing opportunity on the 2nd of June 2023 to try a number of sports over the course of a day at Blue Haven Oval.

Date of the excursion	2nd June 2023
Time leaving school	Northlakes PS will begin walking at 8:30am
	Blue Haven PS will walk to the oval at 9:00am
Time returning to school	Northlakes PS will begin walking back at 1:30pm
	Blue Haven PS will walk from the oval at 1:30pm
Venue	Blue Haven Oval
Student group attending	Year 5 and 6 students
excursion	
Staff attending the excursion	Staff from Northlakes PS and Blue Haven PS
Key Learning	PDHPE
Special requirements e.g. what	Sports uniform, appropriate footwear, sunscreen,
to bring, wear, sun protection	hat, water, packed lunch - there will be no
	canteen facilities available on the day
Transport	Walking
Cost	Free event organised by the Central Coast Council
Permission Slip due date	Signed permission and medical must be returned
	by 26th May 2023

Privacy Notice

The information provided on this form by you is being obtained for the purpose of this excursion. It will be used by the NSW Department of Education and Training in the case of emergency. Other persons and or agencies may be provided with this information for the purpose of emergency care. Provision of this information is required by law. It will be stored securely. You may correct any personal information provided at any time by contacting 43990167.

<u>Medical Disclaimer</u>

Parents please note there is no personal injury insurance provided by the NSW department of Education and Training for students in relation to school activities, physical education lessons or any other school activity. Parents and caregivers are advised to access the level and extent of their child's involvement in the sport program offered by the school, zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

Kristy West
Coordinator
Blue Haven Public School

Dale Edwards
Principal
Blue Haven Public School

Megan Lindsay Principal Northlakes Public School







Central Coast Council Active Fest Event

Please return the permission note and medical fo	orm by the 26th May 2	023.	
I give permission for	of class	_ from	
Northlakes Public School / Blue Haven Public Sch	nool (please circle)		
to attend the Central Coast Active Fest at Blue H	aven Oval on excursion	n 2nd Ju	ne 2023.
I understand that travel to and from the event	will be by walking	☐ Yes	□ No
I give permission for my child to receive medic of an emergency.	al treatment in case	□ Yes	□ No
My child has special needs as detailed on the a form.	ttached medical	□ Yes	□ No
The attached medical form is completed and s child to attend.	igned to allow your	□ Yes	
Parent/Carer signature:	Date	e:	
Parent Name:	Phone Number:		







Medical Information Form - Central Coast Council Active Fest Event

The information provided by the parents/caregiver of the child mentioned below is being obtained for the purpose of ascertaining the relevant information, requirements and other health care related needs about the child mentioned below, 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 Northlakes PS or Blue Haven PS. It will be used by officers of the NSW Department of Education and Communities 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 cannot 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 office.

further. You may correct any personal infor	mation provided at any time b	by contacting the school office.			
Student Details					
Student Name:	Class:	Medicare No:	_		
Parent or Caregiver Contact De	tails				
Name:					
Address:					
Home Phone:	Work Phone:	Mobile:			
Doctor Contact Details					
Doctor's Name:	D	octor's Phone:			
Emergency Contact(s) details (s contact)	nominated by the par	ent or caregiver as an alternate			
Name:	Pho	one:			
Name:	Pho	one:			
List medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies, etc.). Outline the treatment for each.					
Medication to be administered during the excursion. Include name of medication, instructions for administration, dosage, time of administration and any possible reactions.					
	J 2, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,			
Parent/Caregiver Signature:		Date:			