



04/03/2023

## Stage 2 Our Aboriginal Heritage

Dear Parents and Caregivers,

*Students will discover the traditional lifestyles of the Aboriginal Peoples who lived on the Central Coast. They will understand the importance of connection to our country through an exploration of Brisbane Water National Park.*

Date of the excursion	3D and 3C: Monday 29/5/23 3F and 4M: Tuesday 30/5/23 4S and 3/4H: Thursday 1/6/23
Time leaving school	8.45am
Time returning to school	2.45pm
Venue	Brisbane Water National Park
Student group attending excursion	Stage 2 - two classes per day
Staff attending the excursion	Classroom teachers and SLSO support
Key Learning	Geography
Special requirements e.g. what to bring, wear, sun protection	Wear a sports uniform and hat, water bottle, recess and lunch in a small bag
Transport	Seatbelted coach
Cost	\$18- via eftpos or online payment. No cash payments
Payment due date	Tuesday 23rd May 2023

**Please sign and return money, permission slip and medical form by: Tuesday 23rd May 2023.**

***Please be aware that without a prior arrangement with the Principal, late payments will not be accepted after the payment due date. Online payments will be accepted up until 5:00 pm of the payment due date. Any online payment after 5:00 pm will be refunded.***

### 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.

### Medical Disclaimer

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 assess 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.

Ms Caroline Clarke  
Coordinating Teacher

Dale Edwards  
Principal



# BLUE HAVEN PUBLIC SCHOOL

## Stage 2 Our Aboriginal Heritage

Please return the permission note and medical form by Tuesday 23rd May 2023. Cost \$18 via eftpos or online payment, no cash payments.

I give permission for \_\_\_\_\_ of class \_\_\_\_\_ to attend the Our Aboriginal Heritage at Brisbane Water National Park in Week 6.

**I understand that travel to and from the event will be by bus.**  Yes  No

**I have paid online through the school's website.**  
The receipt number is \_\_\_\_\_

**I would like to use fees in advance** (this is only for students who have money currently in the system from previous arrangement)  Yes

**I understand that no late payments will be accepted after 23/05/23**  Yes

**I give permission for my child to receive medical treatment in case of an emergency.**  Yes  No

**The attached medical form is completed and signed to allow your child to attend.**  Yes

Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



# BLUE HAVEN PUBLIC SCHOOL

## Medical Information Form – Our Aboriginal Heritage

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 Blue Haven Public School. 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 principal to discuss further. You may correct any personal information provided at any time by contacting the school office.

### Student Details

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_ Medicare No: \_\_\_\_\_

### Parent or Caregiver Contact Details

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Doctor Contact Details

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

### Emergency Contact(s) details (nominated by the parent or caregiver as an alternate contact)

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

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

### 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.

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_