

10/05/2022

## Year 1 Reptile Park Excursion

Dear Parents and Caregivers,

On Monday 6th June, 2022, Year 1 will be visiting the Australian Reptile Park. This excursion provides students with an excellent opportunity to deepen their knowledge and understanding of unique Australian animals. We will be using this knowledge within our classrooms as part of our writing program, where we are learning to create descriptive texts.

| Date of the excursion                              | 06/06/2022                              |
|--|---|
| Venue  | Australian Reptile Park                 |
| Time leaving school                                | 8:30 am                                 |
| Time returning to school                           | 2:15 pm                                 |
| Student group attending excursion                  | Year 1                                  |
| Staff attending the excursion                      | Year 1 Teachers & Support Staff         |
| Key Learning                                       | English                                 |
| Special requirements e.g. what to bring, wear, sun | Recess and lunch, Drink bottle, Hat,    |
| protection   | Sunscreen                               |
| Transport  | Bus                                     |
| Cost   | \$28.00 to be paid online or via Eftpos |
|  | at the school office                    |
| Payment due date                                   | Wednesday 1 <sup>st</sup> June, 2022    |

Please sign and return permission slip and medical form by: Wednesday 1<sup>st</sup> June, 2022

## Please be aware that without a prior arrangement with the Principal, money 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 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.

Lauren Mudford Coordinating Teacher Dale Edwards Principal

Principal: Dale Edwards 37 Colorado Drive Blue Haven New South Wales 2262 Australia Tel: (02) 4399 0167 Email: bluehaven-p.school@det.nsw.edu.au URL: bluehaven-p.schools.nsw.gov.au



## Year 1 Reptile Park Excursion

Please return the permission note and medical form by Wednesday 1<sup>st</sup> June, 2022.

I give permission for \_\_\_\_\_\_ of class \_\_\_\_\_ to attend the Year 1 excursion at Australian Reptile Park, Pacific Hwy, Somersby on Monday 6<sup>th</sup> June, 2022.

I understand that travel to and from the event will be by bus. **Q** Yes

My child has special needs as detailed on the attached medical form. 🛛 Yes 🗅 No

I understand that no late payments will be accepted after Wednesday 1<sup>st</sup> June Q Yes

The attached medical form must be completed to allow your child to attend.

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

Date:\_\_\_\_\_

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



## Medical Information Form – Year 1 Reptile Park Excursion

| 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 asfer educational activity. It will be stored securely. If you have any concerns about provided at any time by contacting the school office. |               |              |  |
|--|---------------|--------------|--|
|  |               |              |  |
| Student Name:  | Class:        | Medicare No: |  |
| Student Name: Class: Medicare No:   Parent or Caregiver Contact Details  |               |              |  |
| Name:  |               |              |  |
| Address:   |               |              |  |
| Home Phone:  | _ Work Phone: | Mobile:      |  |
| Doctor Contact Details   |               |              |  |
| Doctor's Name:   |               | tor's Phone: |  |
| Emergency Contact(s) details (nominated by the parent or caregiver as an alternate contact)  |               |              |  |
| Name:  | Phone         | 2:           |  |
| Name:  | Phone         | 2:           |  |
| 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:        |  |
|  |               |              |  |