Dear parent or caregiver

This excursion is for all primary students and for those students in Year 2 who turn 8 years old this year.

<table>
<thead>
<tr>
<th>Excursion to:</th>
<th>School Swimming Carnival Bomaderry Pool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>17 February 2012</td>
</tr>
<tr>
<td>Depart from:</td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td>9.45am</td>
</tr>
<tr>
<td>Return to:</td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td>2.45pm</td>
</tr>
<tr>
<td>Travel by:</td>
<td>✓ bus</td>
</tr>
</tbody>
</table>

Cost of the excursion: $6.00

✓ school uniform must be worn  ✓ a hat is required
✓ lunch can be purchased from the venue  ✓ lunch must be brought from home

The staff member with emergency care training is: Mr Viney

The staff member with CPR training is: Mr Viney

Accompanying staff are: Primary teaching staff, School Learning Support Officers

☐ Water activities advice (enclosed if needed)

Privacy notice
Note: A Privacy notice must appear on all forms issued by the Department used for collecting personal information. A sample Privacy advice notice is below for use with consent forms. Principals will need to fill in the blanks to make this relevant to each particular excursion. A Privacy notice will also need to be included on any electronic personal information data collection system.

For further information on privacy and the Privacy and Personal Information Protection Act 1998 please see http://detwww.det.nsw.edu.au/directorates/legalserv/privacy2/privacy.htm

Mr Michael Honeywood
Principal
8 February 2012

Mr John Viney
Excursion coordinator
Nowra East Public School

Please detach and return to school no later than Tuesday 14 February 2012

I give permission for my child: [ ] Class:

participating in an excursion to [ ] School Swimming Carnival at Bomaderry Pool

Date: Friday 17 February 2012

<table>
<thead>
<tr>
<th>Depart from:</th>
<th>NEPS 9.45am</th>
<th>Return to:</th>
<th>NEPS 2.45pm</th>
</tr>
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<tbody>
<tr>
<td>Time:</td>
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<td>Travel by:</td>
<td>✔ bus</td>
<td>Cost of the excursion:</td>
<td>$6.00</td>
</tr>
</tbody>
</table>

My son/daughter has the following special needs (please provide full details and include any relevant medical details)

I give/do not give permission for my child to receive medical treatment in case of emergency.

Section B

Water or swimming activities - advice
The excursion will involve the following water or swimming activities: swimming races
These activities will take place at: Bomaderry Pool

Water or swimming activities - response

In relation to the proposed water or swimming activities, I advise that my child is a: (please tick one)

[ ] strong swimmer  [ ] average swimmer  [ ] poor swimmer  [ ] non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water: .................................................................

I undertake to provide this device so that my child can participate in the excursion. Yes / No

I give / do not give permission for my child to participate in the water or swimming activities.

Parent/caregiver name: .................................................. signature: ..................................................

Date: ...........................................

Office use only: receipts: 052-005 sub dissection: 341-005
Medical information form

The information provided on [date] by [name] is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about [student name] 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 Nowra East Public School.

It will be used by officers of the NSW Department of Education and Training 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.

Student name: ……………………………………………………… Class: ………

Medicare number (optional) …………………………………

Parent or caregiver contact details

Name: ……………………………………………………………………………………………

Address: ………………………………………………………………………………………………………

Home phone: ……… Work: ……… Mobile: ………

Doctor contact details

Name: ……………………………………………………………………………………………

Address: ………………………………………………………………………………………………………

Doctor’s telephone: 1. ……… 2. ………

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

1. Name: …………………………………. Phone: ………

2. Name: …………………………………. Phone: ………

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

…………………………………………………………………………………………………………………………………………………………………………

Outline special dietary needs including possible reaction to inappropriate diet

…………………………………………………………………………………………………………………………………………………………………………

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

…………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

Signature: …………………………………. Date: ………

Please return this form by: ………………………………………...