



WIRIPAANG PUBLIC SCHOOL EXCURSION PERMISSION NOTE

Phone: 02 4943 4357

Support Unit Oakvale Wildlife Park Excursion

Excursion to	Oakvale Wildlife Park
Date(s)	Monday 9 th December 2019
Classes involved	All students in WS, WM and WF
Cost	\$15 All notes and money due by Friday 6th December
Departure and arrival location and times	Departure time - 9.15am return to school by 2.45pm
Travel will be by	Mini Bus or private car driven by staff
Supervised by	Class Teachers and SLSOs
Please provide	Full school uniform, hat, joggers, packed recess, lunch and a drink (No food to be purchased at Café)
Additional information	A risk assessment has been prepared for this excursion.
Organising Teacher	Stacey Moffitt



Support Unit Oakvale Wildlife Park Term 4 Excursion Permission Note

I consent to _____ in _____ (class) participating in the above Oakvale Wildlife Park excursion on the 9/12/19 I understand travel is by min bus or private car driven by staff and the cost is \$15.

I have enclosed \$15.00. Payment made by (parent/carer): _____:

Payment via Cash Fees in advance EFTPOS online (POP) – receipt number _____

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

The information provided is being obtained for the purposes of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and is participating in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Wiripaang 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 alternate 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 the provision of this information, please contact the school Principal to discuss further.

Student Name: _____ Medicare number: _____

Parent/carer name: _____ Phone: _____

Parent/carer name: _____ Phone: _____

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

Name: _____ Phone: _____

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc). Outline treatment for each.
Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

Parent/carer signature: _____

Date: _____