



Wiripaang Public School

4 Pacific Highway, Gateshead NSW 2290
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PCYC Term 4 - Friday Sport (Aikido, Futsal, Boxing for Fitness and Gymnastics)

Excursion to	Windale PCYC
Venue/s	Windale PCYC
Date(s)	Term 4 sport Friday's Week 1 – Week 8
Students Involved	Selected students from years 3-6
Cost	\$45 – Due by Wednesday Term 4 week 1
Departure and arrival location and times	Leave school at 11:30am. Return 1:30pm
Travel will be by	Walking
Supervised by	Primary teachers and SLSOs
Please provide	School sports uniform, including a school hat, joggers and a water bottle.
Additional information	<p>Students will participate in each of the activities: Aikido, Futsal, Gymnastics and Boxing for Fitness, depending upon availability, on a rotational basis. The focus of the sessions is participation, learning and enjoyment.</p> <p>Students are required to complete and return PCYC membership form to participate. Included in the \$45 payment is 1 year's membership of any PCYC in NSW.</p>
Organising Teacher	Damian McNeil

Please complete and return information on the following page.

Wiripaang Public School **PCYC** Permission Note

I consent to _____ in _____ (class) participating in the above excursion on Fridays in Term 4 2019. I understand travel is by walking and the cost is \$45.

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

Payment made by (parent/carer): _____:

Payment via ☐ Cash ☐ Fees in advance ☐ EFTPOS

☐ online (POP) – receipt number _____

I have completed and attached a PCYC membership form ☐

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

MEDICAL DISCLAIMER:

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

Parent/carer signature: _____

Date: _____

Signed: _____

Date: _____