



9/11/2020

Stage 3 Bowling Day

Dear Parents and Caregivers,

Stage 3 have secured a booking at Bateau Bay Bowling Centre. This excursion aligns with our PDHPE syllabus: creates and participates in physical activities to promote healthy and active lifestyles; applies and adapts self-management skills to respond to personal and group situations and selects and uses interpersonal skills to interact respectfully with others to promote inclusion and build connections.

Date of the excursion	20 th November 2020
Time leaving school	9am
Time returning to school	12.30pm-1pm
Student group attending excursion	Stage 3
Teachers attending the excursion	Mrs Clarke, Miss Graef, Miss Woodhead, Miss Eggleton, Mr McCann, Mrs McLaren and Mr Garbutt.
Key Learning Area	PDHPE
Special requirements e.g. what to bring, wear, sun protection	Sport Uniform Recess and drink bottle Lunch provided back at school: Sausage sizzle.
Transport	Bus
Cost	\$15 (ONLINE or via CARD only, no cash payments)
Payment due date	18/11/2020

Please sign and return permission slip and medical form by: 18TH November 2020

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 6.00pm of the payment due date. Any online payment after 6:00pm 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.

Mrs Caroline Clarke
Coordinating Teacher

Dale Edwards
Principal (Relieving)



BLUE HAVEN PUBLIC SCHOOL

Stage 3 Bowling Day

Please return the permission note and medical form by 18th November 2020.

I give permission for _____ of class _____ to attend the Stage 3 Bowling Excursion at Bateau Bay Bowling Centre on 20th November 2020.

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

I have paid online through the school's website. Yes No
The receipt number is _____

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

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

I understand that no late payments will be accepted after 18/11/2020 Yes

I give permission for my child to participate in the sausage sizzle Yes No

My child has dietary requirements as listed on the medical form Yes No

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

Parent/Carer signature: _____ Date: _____

Parent Name: _____ Phone Number: _____



BLUE HAVEN PUBLIC SCHOOL

Medical Information Form – Stage 3 – Bowling Day

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 dietary requirements, 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: _____