



8/03/2021

## Rumbalara – Year 6 Leadership Day

Dear Parents and Caregivers,

*This term Stage 3 have been invited to participate in a leadership day at Avoca to learn about being a fantastic role model and school leader.*

Dates of the excursion	31st March
Time leaving school	8.45am
Time returning to school	2.15pm
Student group attending excursion	Stage 3
Teachers attending the excursion	Miss Woodhead, Mrs McLaren, Miss Smith
Key Learning Area	PDHPE
Special requirements e.g. what to bring, wear, sun protection	Recess and Lunch School hat and sunblock Water bottle Towel and plastic Bag for wet clothing Clothes to Kayak in – Thongs or old shoes, rash shirt or t-shirt and board shorts. <b>No bikinis.</b> <i>Groups 1 and 2 to wear FULL school uniform to school and bring clothing for kayaking.</i> <i>Group 3 to come ready for kayaking with FULL school, uniform to change into.</i>
Transport	Bus
Cost	\$30
Payment due date	25/03/2021

**Please sign and return permission slip and medical form by: March 25<sup>th</sup> 2021.**

***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.

Caroline Clarke  
Coordinating Teacher

Dale Edwards  
Principal



# BLUE HAVEN PUBLIC SCHOOL

## Rumbalara Year 6 Leadership Day

Please return the permission note and medical form by 25th March 2021.

I give permission for \_\_\_\_\_ of class \_\_\_\_\_ to attend the Year 5 Leadership Day at Avoca Lagoon on 31st March 2021.

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

I have included \$30.00 to cover the cost of the excursion Yes  No

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 6pm, 25<sup>th</sup> March Yes

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 – Rumbalara Year 6 Leadership 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 asthma, diabetes, epilepsy, allergies, etc.). Outline the treatment for each.

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

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**Parent/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_