



**NOWRA EAST  
PUBLIC SCHOOL**

87 Jervis Street  
Nowra East NSW 2541

PHONE: 02 4421 3539  
FAX: 02 4423 2686

nowraeast-p.school@det.nsw.edu.au

EMAIL: nowraeast-p.school@det.nsw.edu.au  
PRINCIPAL: Mrs Kristina Goldthorp OAM

Dear Parent or Carer

Bristlebird and Magpie students who have been Safe, Respectful, Responsible Learners have been invited to attend the reward day excursion at Currarong Caravan Park.

<b>Excursion to:</b>	<b>Currarong Caravan Park</b>
<b>Date:</b>	<b>Tuesday 10 December 2019</b>
<b>Depart from: Time:</b>	NEPS 10am
<b>Return to: Time:</b>	NEPS 2:30pm
<b>Travel by:</b>	<input type="checkbox"/> bus
<b>Cost of the excursion: \$10</b>	
<b>NO LATE PAYMENTS - PAYMENT DUE BY Friday 6 December 2019</b>	
Payments has been made by <input type="checkbox"/> cash <input type="checkbox"/> eftpos <input type="checkbox"/> online payment..... <input type="checkbox"/> Fees in Advance	
<input type="checkbox"/> lunch will be provided <input type="checkbox"/> a hat is required	
<b>The staff member with CPR and emergency care training is:</b>	All Staff
<b>Accompanying staff are:</b>	Miss Kylie, Miss Sandy, Mrs Garrett, Aunty Chris, Miss Tracey A, Miss Tracey H
<input type="checkbox"/> <b>Water activities advice (enclosed if needed)</b>	

Mrs Kristina Goldthorp OAM  
Principal  
12 November 2019

Miss Kylie Meehan  
Excursion coordinator

**SAFE RESPECTFUL RESPONSIBLE LEARNERS**

# Nowra East Public School

Please detach and return to school by Friday 6 December  
**NO LATE PAYMENT WILL BE ACCEPTED**

I give permission for my child:		Class:	
participating in an excursion to	Currarong Caravan Park		
Date:	Tuesday 10 December 2019		
Depart from: Time:	NEPS 10am		
Return to: Time:	NEPS 2:30pm		
Travel by:	<input type="checkbox"/> bus		
Cost of the excursion:	<b>\$10</b>		
<b>NO LATE PAYMENTS</b>			
Payments has been made by	<input type="checkbox"/> cash <input type="checkbox"/> eftpos <input type="checkbox"/> online payment..... <input type="checkbox"/> Fees in Advance		
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.			
<b>Privacy notice</b> <b>Note:</b> A Privacy notice must appear on all forms issued by the Department used for collecting personal information. A sample <i>Privacy advice</i> 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 <i>Privacy and Personal Information Protection Act 1998</i> please see <a href="http://detwww.det.nsw.edu.au/directorates/leglserv/privacy2/privacy.htm">http://detwww.det.nsw.edu.au/directorates/leglserv/privacy2/privacy.htm</a> .			

Parent/Carer's name: .....

signature:.....

Date: .....

## 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: .....

**Water or swimming activities - advice**

The excursion will involve the following water or swimming activities: Splash Park  
These activities will take place at: Currarong Caravan Park

**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.

**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/leglserv/privacy2/privacy.htm> .