



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

**NOWRA EAST
PUBLIC SCHOOL**

87 Jervis Street
Nowra East NSW 2541

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PRINCIPAL: Mrs Kristina Goldthorp OAM

Stage 3 students who have been Safe, Respectful, Responsible Learners have been invited to attend the reward day excursion at Jamberoo Recreation Park.

Excursion to:	Jamberoo Recreation Park
Date:	Tuesday 10 December 2019
Depart NEPS at Time:	8:30am
Arrive at NEPS at Time:	3:30pm
Travel by:	Bus
Entry fee required to participate in carnival: \$45.00	
NO LATE PAYMENTS WILL BE ACCEPTED	
ALL PAYMENTS DUE FRIDAY 30 November	
Payment can be made by <input type="checkbox"/> cash <input type="checkbox"/> eftpos <input type="checkbox"/> parent payment online <input type="checkbox"/> FIA	
<input type="checkbox"/> please bring plenty of water <input type="checkbox"/> lunch can be purchased from the venue	
<input type="checkbox"/> please wear rash shirts <input type="checkbox"/> swimming costume	
<input type="checkbox"/> a dry change of clothes <input type="checkbox"/> a beach towel	
The staff member with CPR and emergency care training is:	Miss Palmer, Mrs Davis, Mrs Terry
Accompanying staff are:	Miss Palmer, Mrs Davis, Mrs Terry

Mrs K Goldthorp
Principal
9 September 2019

Miss S Palmer
Excursion Coordinator

Nowra East Public School

Please detach and return to school by Friday 30 November 2019

I give permission for my child:		Class:	
participating in an excursion to	Jamberoo Recreation Park		
Date:	Tuesday 11 December 2019		
Departure from NEPS	8:30am		
Arrival at NEPS	3:30pm		
Travel by:	Bus		
Cost	\$45.00		
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.			

Section B

Water or swimming activities - advice
The excursion will involve the following water or swimming activities: water slides, wave pool, pools These activities will take place at: Jamberoo Recreation Park
Water or swimming activities - response
In relation to the proposed water or swimming activities, I advise that my child is a: <i>(please tick one)</i>
<input type="checkbox"/> strong swimmer <input type="checkbox"/> poor swimmer
(Can swim more than 50m length of pool) (Cannot swim 50m length of pool)
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.

Parent/caregiver 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.

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Outline special dietary needs including possible reaction to inappropriate diet

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

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Signature: Date:

Please return this form by: Friday 30 November 2019