



**NOWRA EAST
PUBLIC SCHOOL**

87 Jarvis Street
Nowra East NSW 2541

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

Dear Parent or Carer

Stage 2 students who have been 'Safe, Respectful, Responsible Learners' are being invited to attend our annual Reward Excursion.

Excursion to:	Nowra Aquatic Centre 20 Scenic Dr, Nowra NSW 2541
Date:	Tuesday 10 December 2019
Depart from: Time:	Nowra East Public School 9:45am
Return to: Time:	Nowra East Public School 2:45pm
Travel by:	<input type="checkbox"/> bus
<p>Cost of the excursion: \$16</p> <p>NO LATE PAYMENTS WILL BE ACCEPTED</p> <p>Payments has been made by <input type="checkbox"/> cash <input type="checkbox"/> eftpos <input type="checkbox"/> online payment..... <input type="checkbox"/> Fees in Advance</p> <p><input type="checkbox"/> swimmers <input type="checkbox"/> towel <input type="checkbox"/> dry change of clothes <input type="checkbox"/> full school uniform must be worn <input type="checkbox"/> lunch can be brought from home <input type="checkbox"/> canteen facilities available</p>	
The staff member with emergency care training is:	All Nowra East Public School staff
The staff member with CPR training is:	All Nowra East Public School staff
Accompanying staff are:	Stage 2 Staff

Kristie Goldthorp OAM
Principal
10 September 2019

Mr C Stevenson
Assistant Principal

Nowra East Public School

Please detach and return to school no later than Friday 25 October 2019

I give permission for my child:		Class:
participating in an excursion to		Nowra Aquatic Centre
Date:		20 Scenic Dr, Nowra NSW 2541
Depart from:		Tuesday 10 December 2019
Time:	Nowra East Public School	9:45am
Return to:	Nowra East Public School	2:45pm
Time:		
Travel by:		<input type="checkbox"/> bus

Cost of the excursion: \$16
NO LATE PAYMENTS WILL BE ACCEPTED

Payments has been made by
 cash eftpos online payment 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.

Section B

Water or swimming activities - advice
 The excursion will involve the following water or swimming activities:

Swimming Pool and Water Slides

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 will provide a flotation 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/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: Friday 25 October 2019