



St Patrick's Parish School, Cooma Notification of an Excursion

Dear Parents/Guardians,

The School would like to inform you of an excursion that has been arranged for your child's participation. The details are as follows:

Title of Excursion and Area of learning	Year 4 Sawpit Creek Excursion –National Park Case Study (Geography)
Purpose for the excursion	This is an excursion allows the students to learn about the unique environment of Kosciuszko National Park, the way it is valued and sustainability of the park.
Date/s of excursion	Wednesday 13 December, 2017
Destination	Kosciuszko National Park, Kosciuszko Education Centre, Sawpit Creek
Supervising Teacher/s	Bernadette Moser and Stephanie Cooke
Time and place of departure	8am from St Patrick's Parish School
Time and place of return	3.30pm to St Patrick's Parish School
Transportation	Bus
Cost	\$35 (includes bus and entrance fee to Kosciuszko National Park + Education Centre activities)
Special requirements or equipment	Students will need: <ul style="list-style-type: none">• Food and water for the entire day (please ensure low to zero packaging to reduce rubbish)• Pen or pencil + clipboard
Dress code	Long pants, jumper, closed comfortable shoes, wet weather gear, hat and sunscreen
Contact details	Bernadette Moser – 6452 1721

Please complete the Excursion Consent and Medical Information Form and Indemnity Form and return it to the School with payment by **Wednesday 6 December, 2017**. If there are difficulties in making these payments, please contact the Principal to negotiate a plan. You are welcome to contact the School on 6452 1721, if you have any further queries.

Yours sincerely

Frances Robertson
Principal

Bernadette Moser
Teacher in Charge



**St Patrick's Parish School, Cooma
Excursion Consent and Medical Information Form**

I _____ permit _____ of _____
 (Name of Parent – printed) (Name of Student) (Homeroom)

to take part in **Year 4 Sawpit Creek Excursion on Wednesday 13 December, 2017**

I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I delegate my authority to the supervising staff involved in the excursion. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students as a group and individually. If a student fails to comply with regulations, arrangements and/or the spirit of the excursion, it may be necessary for him/her to return home. I understand that this expense will be my responsibility.

In the event of illness or an accident that requires medical attention, I permit supervising staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. This may include the use of an ambulance.

I further authorise qualified practitioners to administer anaesthetic, if such an eventuality necessitates it.

Signature of Parent: _____ Date: / /

Contact Numbers: Home: _____ Work: _____ Mobile: _____

PAYMENT DETAILS:

I enclose cash/cheque payable to St Patrick's Parish School, Cooma for \$ _____ **OR** please deduct from my Visa/Mastercard

Card No. _____ Exp Date: __ / __ Cardholder Signature: _____

Payment can also be made on QKR under payments

MEDICAL INFORMATION:

(Students are not permitted to participate in an extended excursion without this information)

1. Medicare Number _____ **Expiry Date** _____

Are you a member of a Private Health Fund? **NO** [] **YES** [] Please specify below.

Name of Health Fund: _____

Number: _____

2. Does your child have any medical condition/s that may affect his/her safety during an excursion?

(Eg. asthma, fainting, seizures, allergies, diabetes, reaction to drugs, headaches)

NO [] **YES** [] Please specify below, outlining an emergency treatment plan. Be specific about any allergies.

3. Will your child be carrying and/or self-administering any medication in relation to the condition/s listed above? Parents are requested to make arrangements with the teacher-in-charge for safekeeping and handling of prescribed medications prior to the excursion.

NO [] **YES** [] Please specify, outlining the management plan below.

4. Please provide any other information about your child which may enable the organisers of the excursion to provide better care for your child. This includes dietary requirements.

