



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 7 National Zoo and Aquarium visit
Purpose for the excursion	This is a compulsory excursion related to the curriculum. It aims to develop students' understanding of how animals are different and as Scientists, how these differences allow us to classify organisms.
Date/s of excursion	Thursday June 15, 2017
Destination	National Zoo and Aquarium, Scrivener Dam, ACT
Supervising Teacher/s	Danielle Trigg, Steven Summerville
Time and place of departure	9am from St Patrick's Parish School
Time and place of return	3.10pm to St Patrick's Parish School
Transportation	Bus
Cost	\$33.00 (includes bus and entrance fee)
Special requirements or equipment	Students will need: <ul style="list-style-type: none">• Food and water for the entire day• Pen or pencil
Dress code	Full winter uniform, school hat and sunscreen
Contact details	Ms Danielle Trigg – 6452 1721

Please complete the Excursion Consent and Medical Information Form and Indemnity Form and return it to the School with payment by **Friday 9 June, 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

Danielle Trigg
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 _____ on _____
(Title of excursion) (Date of excursion)

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: _____

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.

