



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 8 Surf Safety and Skills Day PDHPE	
Purpose for the excursion	To develop students' water skills (PDHPE Outcomes 4.4, 4.5, 4.7), including safe use of waterways (beaches, inlets, rivers and dams). Students will do this through surfing, stand-up paddle boarding and raft building exercises. This will supplement what students are learning in class	
Date/s of excursion	Monday 9 April	
Destination	Tathra Beach and Mogareeka	
Supervising Teacher/s	Tim Lawley and Luaun Edwards	
Time and place of departure	7am from St Patrick's Parish School	
Time and place of return	5pm from St Patrick's Parish School	
Transportation	Bus	
Cost	\$100.00 (includes bus, equipment hire, qualified instructors and lifeguards)	First instalment of \$50.00 is due 21/3/18 Final instalment of \$50.00 is due 4/4/18
Special requirements or equipment	Students will need: <ul style="list-style-type: none">• Food and water for the entire day (there will be no opportunity to purchase food from Tathra)• Swimming costume, towel, hat and sunscreen• Dry, warm clothes for the trip home Wetsuits, surf boards, stand-up paddle boards and raft building equipment will be supplied	
Dress code	Sun safe clothing. Students are asked to have their swimming costume on under their clothes when they get on the bus.	
Contact details	Mr Tim Lawley - 6452 1721	

If you agree to your child attending this excursion, please complete the Excursion Consent and Medical Information Form and Water Consent Form and return it to the School with at minimum the first instalment by Wednesday 21 March, 2018. You are welcome to contact the School on 6452 1721, if you have any further queries.

Yours sincerely

Frances Robertson
Principal

Tim Lawley
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 8 Surf Skills Day** on **Monday 9 April, 2018**

(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 for the amount of \$_____

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

Payment can also be made by QKR

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.



St Patrick's Parish School, Cooma

Water Activity Consent Form

I give permission for _____ (student's name) to participate in the water based activity of _____, which will have a 1:8 staff/student supervision ratio.

Please indicate the level of swimming competence:

- | | |
|---|--|
| <input type="checkbox"/> Strong independent swimmer | <input type="checkbox"/> Average swimmer |
| <input type="checkbox"/> Poor swimmer | <input type="checkbox"/> Non-swimmer |

My child can swim _____ metres without a flotation device.

Signature of Parent _____ Date _____