



# Redhead Public School

Principal: Mrs Lisa Monaghan

An excursion/event has been organised for your child. Information is as follows:

***Please retain this page for your reference.***

<b>Excursion:</b>	Stage One Excursion
<b>Venue:</b>	Australian Reptile Park
<b>Date(s):</b>	Wednesday 5 <sup>th</sup> September 2018
<b>Classes/Group Involved:</b>	Stage One – 1L, 1S, 1/2O and 2C
<b>Cost of excursion/performance is:</b>	\$30
<b>Payment due by:</b>	Wednesday 22 <sup>nd</sup> August, 2018
<b>Depart School (time):</b>	9.15am
<b>Return to School by (time):</b>	3.10pm
<b>Travel will be by:</b>	Seat belted coach
<b>The groups will be supervised by:</b>	Mrs Schofield, Mrs Monaghan, Mrs O'Donnell, Mrs Church, Miss Whitaker and Mr Sun
<b>Additional information:</b>	<p>Please pack fruit break, recess, lunch and water.</p> <p>Students to wear full school uniform and sensible footwear.</p> <p>NB: Sunscreen for all excursions is to be provided by parents/carers. School hats are to be worn.</p>

**Mrs Lisa Monaghan**  
Principal

**Mrs Donna Schofield**  
Assistant Principal (Rel.)



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## Redhead Public School Australian Reptile Park Excursion Permission Note

I consent to \_\_\_\_\_ in \_\_\_\_\_ (class) participating in the above excursion on Wednesday 5<sup>th</sup> September, 2018. I understand travel is by bus and the cost is \$30. I am aware of the nature of activities that my child will be participating in.

☐ I have enclosed \$30 as payment or

☐ I have made my payment online. My receipt number is \_\_\_\_\_

Online Payments can be made by clicking on the Make a Payment link (\$) on the schools website and following the instructions.

### Please circle:

In the event of any accident or illness, I **give / do not give** permission on my behalf of such medical assistance as my child may require. I also agree to pay for medical treatment which may be incurred while my child is on the excursion.

The information provided is being obtained for the purposes of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and is participating in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Redhead Public School.

It will be used by officers of the NSW Department of Education 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 alternate 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 the provision of this information, please contact the school Principal to discuss further.

Student Name: \_\_\_\_\_ Medicare number: \_\_\_\_\_

Parent/carer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/carer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact details: (nominated by parent or caregiver as alternate contact).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc). Outline treatment for each.

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

Please return permission note and money by 22/8/18. Late permission notes will not be accepted and children will miss out.

Parent/carer signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email:  
redhead-p.school@det.nsw.edu.au

Tel: (02) 4944 7215  
Fax: (02) 4942 6098

Website:  
www.redhead-p.schools.nsw.edu.au