## Elizabeth Macarthur High School

### Excursion notification to parents and caregivers

<table>
<thead>
<tr>
<th>An excursion has been organized for your child to go to:</th>
<th>Nan Tien Temple, Berkeley</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date/s:</strong></td>
<td>9.10.2015</td>
</tr>
<tr>
<td><strong>Classes involved:</strong></td>
<td>Year 7 Japanese Classes</td>
</tr>
<tr>
<td>This excursion has been planned to supplement the following work being done in the classroom:</td>
<td>Japanese culture: Religion, Origami, Calligraphy and Etiquette.</td>
</tr>
<tr>
<td><strong>Travel will be by:</strong></td>
<td>Bus</td>
</tr>
<tr>
<td><strong>Total cost per student:</strong></td>
<td>$40.00</td>
</tr>
<tr>
<td><strong>Final Date for Payment:</strong></td>
<td>18.9.2015</td>
</tr>
<tr>
<td><strong>Leaving from place:</strong></td>
<td>School – 9:30</td>
</tr>
<tr>
<td><strong>Arriving back to, place:</strong></td>
<td>School – 2:30 – 3:00</td>
</tr>
<tr>
<td><strong>The staff member with emergency care training is:</strong></td>
<td>Ms. De Freitas</td>
</tr>
<tr>
<td><strong>Accompanying staff are:</strong></td>
<td>Mr. Clements, Mrs. Corscadden</td>
</tr>
</tbody>
</table>

Other permission may be attached if the excursion is overnight or involves water. These will be ticked if we require addition permission.

- [ ] CPR staff member is
- [ ] Overnight excursion advice
- [ ] Water activities advice

**NOTE:** When on an excursion, all of our students are ambassadors for Elizabeth Macarthur High School. As always, we expect them to behave in a manner that will reflect positively on the school. Failure to do so may result in the student being returned to school for further disciplinary action.

**PRIVACY ADVICE**

- This information is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs of the above student, who is currently enrolled at Elizabeth Macarthur High School and may participate in school excursions, sporting activities and other school activities.
- It will be used by officers of the NSW Department of Education and training to assist planning, to support students, and to minimize 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 organizations 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 cannot 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.

**OFFICE USE ONLY:** OASIS
Parent Consent to attend an excursion

Return this note to MS DE FREITAS by 18th SEPTEMBER

I give my permission for my child to go on the excursion to NAN TIEN TEMPLE on (date) 9th October, with the cost to me be $40, payable to the School Office by 18th September (date)

Parents or caregivers will also need to complete the following responses (only when attached):
☐ Overnight excursions response ☐ Water activities response ☐

STUDENT NAME: _______________________________ Roll Class: ______

PARENT SIGNATURE : _____________________________
Date: _______________

Medicare number _____________________________________________

I give / do not give permission for my child to receive medical treatment in case of emergency.

Parent or caregiver contact details

Name: ____________________
Address: ____________________________

Home Phone: _______________ Work Phone: __________________

Mobile: ______________________

Doctor contact details

Name: ___________________
Address: ____________________________

Doctor’s phone: 1. _______________ 2. _______________

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: ____________________ Phone: _______________

Relationship to student: _______________

2. Name: ____________________ Phone: _______________

Relationship to student: _______________

Students Mobile Number: _______________________________ 

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

____________________________________________________________ 

____________________________________________________________

____________________________________________________________ 

____________________________________________________________ 

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

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

Special dietary needs, including possible reactions to inappropriate diet:

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________