Elizabeth Macarthur High School

Excursion notification to parents and caregivers

An excursion has been organized for your child to go to:

<table>
<thead>
<tr>
<th>Elizabeth Macarthur High School</th>
<th>Swimming Carnival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden Pools</td>
<td></td>
</tr>
</tbody>
</table>

Date/s: 14th February 2014

Classes involved: All students 7-12

This excursion has been planned to supplement the following work being done in the classroom:

| The Department of Education and Communities Compulsory School Sport Program |
| Years 7-12                                                                  |

Travel will be by: Bus OR own transport

Total cost per student:

- Bus: $7 (paid to the office by 10/2/2014)
- Pool entry/Dj: $4 (paid on entry to the pool)

Final Date for Payment: 10th February 2014

Leaving from place:

- Elizabeth Macarthur High School 8:00am
- (Or arrive at the pools at 9:15am)

Arriving back to place:

- Elizabeth Macarthur High School 2:45pm
- (Or pick up from pool at 2:15pm)

The staff member with emergency care training is: All teaching staff

Accompanying staff are: All executive and teaching staff

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

Additional information for students:

Students must indicate on the permission note whether they will be travelling by bus with the school OR making their own way there.

The water activities permission note must also be completed and returned.

Students should bring plenty of water, a hat and sunscreen.

There is a canteen open on the day of the carnival. Get into the school spirit and wear your house colours (to find out what house you are in, check the school website).

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 PE Staffroom by 10th February 2014

I give my permission for my child to go on the excursion to Camden Pools (swimming carnival) on (date) 14/2/2014, with the cost to me be $7 (for the bus), payable to the school by 10/02/2014 and $4 to be paid at the gate upon entry to the pool.

Please circle one of the following:

My child will travel by **BUS** or **OWN** (transport to and from the pools)

Parents or caregivers will also need to complete the following responses (only when attached):

☐ Overnight excursions response  ☐ Water activities response  ☐

I have confirmed with my child that he/she has viewed and understands the presentation ‘Safe Water Entry for Competitors – Competitive Dive Starts’, that was shown at school. If my child missed this at school, I understand that this presentation is available on the school website http://www.elizabeth-h.schools.nsw.edu.au/faculties/pdhpe/school-sport and I have looked at this with my child.

**STUDENT NAME:** __________________________ Roll Class: __________

**PARENT SIGNATURE :** ___________________________________________ Roll Class: __________

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:**

_________________________________________________________

_________________________________________________________
Water Activity Advice and Response

Please Note: This water activity response is in addition to the Parent Consent to attend an Excursion form.

Both forms must be filled out and returned to the school.

<table>
<thead>
<tr>
<th>Water or swimming activities - ADVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The excursion will involve the following water or swimming activities:</td>
</tr>
<tr>
<td>Competitive swimming strokes, kickboard challenge and a beach ball relay. There will also be opportunity for students to swim in the shallow pool at the Camden Swimming Pools</td>
</tr>
<tr>
<td>These activities will take place at the following location</td>
</tr>
<tr>
<td>Camden Pools</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Water or swimming activities - RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to the school by</td>
</tr>
<tr>
<td>In relation to the proposed water or swimming activities, each swimmer will receive a coloured band indicating if they are a proficient or non-proficient swimmer. Proficient students issued with a blue wrist band will be deemed safe to participate in the unstructured aquatic activity. Non-proficient students will be issued with a yellow wrist band and can participate in shallow water activities (waist deep).</td>
</tr>
<tr>
<td>I advise that my child ______________________________________ of (year) _____ is a: (please tick one)</td>
</tr>
<tr>
<td>□ Proficient swimmer – Swim 25m continuously and scull, float or tread water for one minute – Exit the water unassisted</td>
</tr>
<tr>
<td>□ Non-proficient swimmer – Is unable to complete the above tasks.</td>
</tr>
<tr>
<td>Please tick one of the following</td>
</tr>
<tr>
<td>□ I give permission for my child to participate in the water or swimming activities.</td>
</tr>
<tr>
<td>□ I do not give permission for my child to participate in the water or swimming activities.</td>
</tr>
<tr>
<td>Parent signature ______________________________________ Date __________________________</td>
</tr>
<tr>
<td>Parents name ______________________________________ Please Print</td>
</tr>
</tbody>
</table>

Privacy - advice

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Elizabeth Macarthur High School.

It will be used by officers of the NSW Department of Education and Training 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.

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