STAGE 2 TEAM BUILDING EXCURSION

Dear Parents/Caregivers,

An excursion for Stage 2 to Stanwell Park Beach Reserve has been planned for **THURSDAY 17th JUNE, 2021.**

Students will participate in a Team Building Day run by Ranger Jamie Tours. Activities will focus on team building tasks to promote cooperation, problem solving, positive relationships and physical fitness.

Students will travel by coach to Stanwell Park Beach Reserve.

Excursion details:

Date: Thursday, 17th June, 2021
Time: Arrive at Figtree Public School at 8:50 am for a 9:00am departure, Arriving back at Figtree Public School before 3:00pm
Cost: $30 Please use **POP (Parent Online Payment)** at www.figtree-p.schools.nsw.edu.au Click 'Make a payment'. Please use the title **'Stage 2 Excursion'**.
What to wear: Sports uniform, joggers, school jacket or jumper, school hat, sunscreen
What to bring: A small bag with lunch and recess, plenty of water, sunscreen to reapply

Please return the permission note attached with your POP receipt and signed medical certificate. Money and notes are due by **MONDAY 14th JUNE, 2021.**

Mrs R Lee, Miss J Monteleone, Mrs A O'Connor, Ms S Shannon
Stage 2 Teachers

Mrs T Duffield
Relieving Principal

Figtree Public School STAGE 2 TEAM BUILDING EXCURSION
<u>Please return to school by MONDAY 14th JUNE, 2021</u>

I give permission for my child _____ of class _____ to attend the Stage 2 Team Building Excursion to Stanwell Park Beach Reserve on **THURSDAY 17th JUNE, 2021.**

I understand that students will be travelling to and from Stanwell Park Beach Reserve by coach.

I have paid $30 online via POP Receipt#:_____

In the event of an accident or illness, I authorise the obtaining on my behalf such medical assistance as my child may require. I also authorise the administering of anaesthetic if it is deemed necessary by the Medical Officer attending.

Parent/Carer Name _____   Daytime Contact Number _____

Signature Parent/Carer _____   Date _____

Medical information form

The information provided 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 is participating in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Figtree 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 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.

Student Name_____ Class _____ Medicare number _____

Parent/Carer contact details

1. Name _____   Phone _____

2. Name_____   Phone_____

Emergency contact(s) details (nominated by the parent/carer as alternate contact)

1. Name: _____ Phone_____

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

Signature Parent/Carer _____   Date _____