



# Figtree Public School

*Respect, Safety, Learning*



Gibsons Road

Figtree 2525

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Figtree-p.school@det.nsw.edu.au

## **K-2 SYMBIO WILDLIFE EXCURSION**

Dear Parents/Caregivers,

An excursion for K-2 to Symbio Wildlife Park has been planned for **FRIDAY 14th OCTOBER, 2022**.

Students will participate in a full day of adventure run by Ranger Jamie Tours. Activities will focus on our geography unit 'Features of Places/People & Places'.

The experienced Rangers will deliver incredible live animal presentations and take students on an educational tour through the park. Students will have the chance to interact with a variety of animals and environments while identifying ways in which people interact and care for places.

Students will travel by coach fitted with seatbelts to and from Symbio Wildlife Park.

### **Excursion details:**

**Date:** Friday, 14th October, 2022

**Time:** Departing Figtree Public School at 9:15am, Arriving back at Figtree Public School before 3:00pm

**Cost: \$36** Please use **POP (Parent Online Payment)** at [www.figtree-p.schools.nsw.edu.au](http://www.figtree-p.schools.nsw.edu.au) Click 'Make a payment'. Please use the title '**K-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, water, sunscreen to reapply

Please return the permission slip attached with your POP receipt and signed medical certificate.

Money and notes are due by **FRIDAY 16th SEPTEMBER, 2022**.

J Monteleone  
Rel. Assistant Principal

M Harding  
Principal

## K-2 SYMBIO EXCURSION

Please return to school by Friday 16th September, 2022

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the K-2 Symbio Excursion on **Friday 14th October, 2022.**

I understand that my child will travel to and from Symbio Wildlife Park by coach.

I have paid \$ \_\_\_\_\_ 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.*

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, 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 the provision of this information, please contact the school principal to discuss further.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

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 the name of the medication, instructions for administration, time of administration, and any possible reactions.**

Signature Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_