

Tuesday 7th May, 2019

Year 4 Excursion - Blue Mountains / Jenolan Caves

Thank you for the confirmation of your child's attendance and deposit for our Year 4 Camp to the Blue Mountains and Jenolan Caves, booked for Tuesday 22nd – Wednesday 23rd October, 2019.

The total cost for each child has been confirmed as **\$223.00**. This covers the cost of meals, accommodation, program activities and transport by coach. The students will be staying at CMS Conference Centre in multi-share motel style accommodation.

Payment Arrangements

2nd Instalment:	\$65.00 by Friday 7th June, 2019 (Week 6, Term 2)
3rd Instalment:	\$58.00 by Friday 5th July, 2019 (Week 10, Term 2)
Final Payment:	\$50.00 by Friday 9th August, 2019 (Week 3, Term 3)

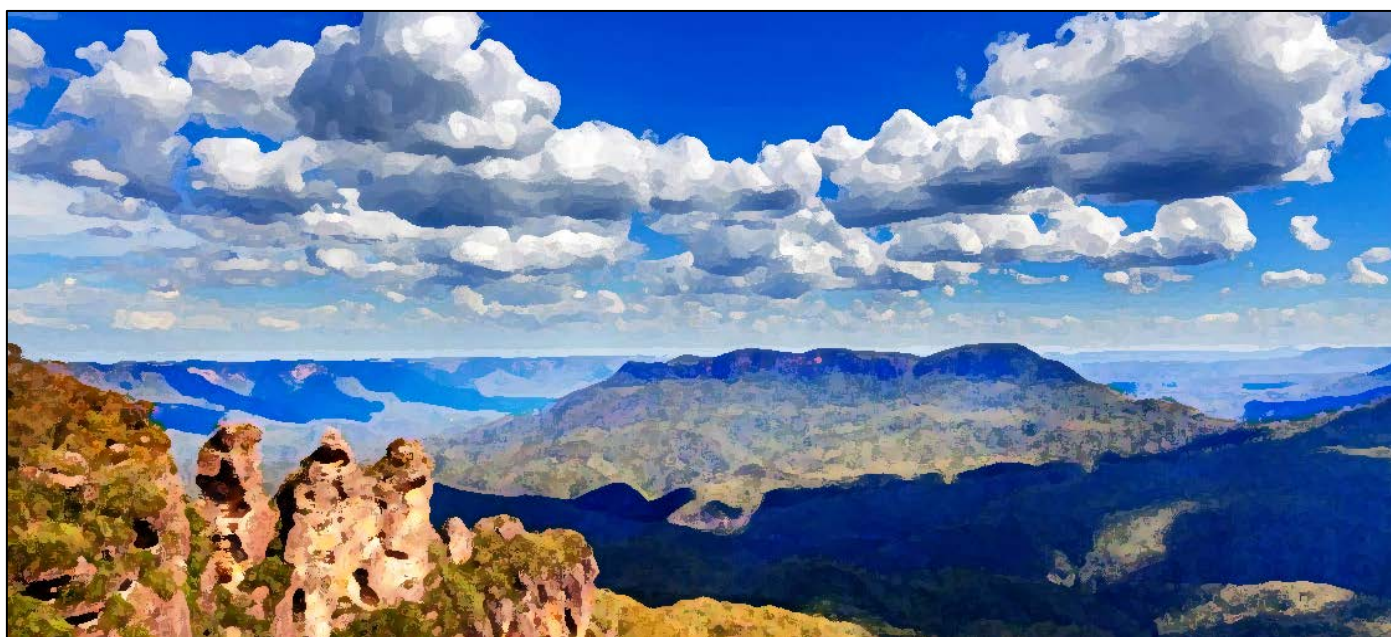
Payments may be made by instalments on the dates indicated in a clearly marked envelope and placed in the money slot at the office. Cheques are to be made payable to Shelley Public School. We have attached tear-off slips to accompany each instalment payment. Payments may also be made online via the school website.

Ms Jo-Ann Campion

Principal

Mrs Rooney

On behalf of the Year 4 teachers



Hadrian Avenue BLACKTOWN NSW 2148
T 9622 8359 T 9621 2958 F 9831 6726
E shelley-p.school@det.nsw.edu.au

Please use these instalment slips when sending in your payments

Payment for the Year 4 excursion on Tuesday 22nd – Wednesday 23rd October, 2019
2nd Instalment: \$65.00 due by Friday 7th June, 2019

Student Name: _____ Class: _____

Enclosed is _____

I have made an online payment. Amount \$ _____ Receipt number:

Signature Parent / Caregiver: _____ Date: _____



Payment for the Year 4 excursion on Tuesday 22nd – Wednesday 23rd October, 2019
3rd Instalment: \$58.00 due by Friday 5th July, 2019

Student Name: _____ Class: _____

Enclosed is _____

I have made an online payment. Amount \$ _____ Receipt number:

Signature Parent / Caregiver: _____ Date: _____



Payment for the Year 4 excursion on Tuesday 22nd – Wednesday 23rd October, 2019
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Shelley Public School



Child Medical History

CONFIDENTIAL INFORMATION

Name: Class:.....
Address: Date of Birth:
Suburb: Post Code: Home Ph: ().....
Medicare No: Card Ref No: Card Expiry Date:
Health Insurance Co: Number:
Family Doctor: Phone No:
Date of Last Tetanus Booster:

Parent / Caregiver: Mobile:.....
Contact Numbers: Work () Home: ()

Emergency Contact: Relationship:
Contact Numbers: Work () Home: ()

Does this person suffer from, or is limited in their ability to participate in activities, by any of the following?:

If "YES": Details (eg medications, treatments, triggers etc.)

- | | | |
|---|--|---|
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Any allergic condition | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Behavioural problems | <input type="checkbox"/> A disability or chronic illness | <input type="checkbox"/> A current illness eg flu |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy, fits or blackouts | <input type="checkbox"/> Headaches / Nose Bleeds |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Skin condition | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Muscular / Skeletal Conditions (eg back problems, ankle sprains, joint dislocations etc) | | |
| <input type="checkbox"/> Other (incl. fears / Phobias) | | |

If YES to any of the above, please give details (Health Care Plan) including Asthma Management Plan/suggested Management Guide.

Is he / she allowed to be given Panadol in the case of an emergency? YES / NO

The NSW Health Department recommends immunisation of children from common childhood diseases such as diphtheria, whooping cough, poliomyelitis, measles, mumps and rubella. Although immunisation is not compulsory, in the event of an outbreak of an infectious disease such as measles or whooping cough, it may be necessary to send children home who are not immunised.

My child is immunised against..... YES / NO

Sudden Illness / Urgent Medical Treatment

In the event of sudden illness, I hereby give authority to the school staff to act upon the advice of the Medical Officer whilst waiting for a parent's authority should any urgent treatment for my child be considered necessary.

Signed Parent / Caregiver Date.....

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Child Medical History (continued)

Special Dietary Needs (please provide details eg. vegetarian, vegan, diabetic):

.....

.....

Is he / she at present taking any mixture, tablets or other form of medicine prescribed by a doctor? YES / NO
 YES, for what reason was it prescribed:

.....

.....

Medicine / Tablets

	Time and Dosage – Please specify exact time of medication									
	Breakfast		Lunch		Dinner		Before bed		Other	
Name	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
Eg Bricanyl	8am	2 puffs	12:30pm	2 puffs	6pm	2 puffs	8pm	2 puffs		

Any ongoing medication needs to be handed to the Excursion Coordinator on the morning of departure. It must be in a bag or container clearly labeled with the child’s name, dosage and administration times.

I give permission for the required medications as stated above to be administered to my child.

Signed Parent / Caregiver Date

PRIVACY STATEMENT

The information that you have provided on this form is being obtained for the purpose of the
Year 4 overnight excursion to Blue Mountains/Jenolan Caves
on Tuesday 22nd October – Wednesday 23rd October 2019.

It will be used by the Department of Education & Training / Shelley Public School
 in line with teacher / student duty of care.

You may correct any personal information provided at any time
 by contacting the school office staff or excursion coordinator.