



23<sup>rd</sup> February 2021

STAGE 3 CANBERRA 2021 PERMISSION and MEDICAL NOTES

Our Stage 3 Canberra excursion is drawing closer and to assist with our planning we require the parents of all students to have completed the following permission and Medical form. These forms help to make our excursion as safe and enjoyable as possible. All the information is kept as confidential.

A note detailing the itinerary and listing all the things the students will need to bring on the excursion will come home soon.

Remember, all money must be paid by Friday, 26<sup>th</sup> March 2021

Please fill in the following permission and medical forms and return to school by Monday, 8<sup>th</sup> March 2021

No student can take part in this excursion without completing all relevant sections

If a section does not apply to your child, please mark N/A (for not applicable)

Mrs J Freers
Camp Coordinator

Mr T Miladinovic
Principal

STAGE 3 CANBERRA PARENT'S / CARER'S CONSENT

I / We give consent for my/our child..... of class ..... to attend the 3 day
Stage 3 Canberra Excursion involving travel by coach on Wednesday, 21<sup>st</sup> April 2021 to Friday, 23<sup>rd</sup> April 2021.

In the event of an accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require.

Signed Parent / Carer: ..... Date: .....

Special considerations for this excursion

Please complete the following non-medical information to help us best meet your child's needs on this excursion. This information will remain completely confidential.

Special dietary requirements:

If for religious or social reasons your child requires special dietary needs (e.g. is vegetarian) please list below:
(Specific medical food allergies must be listed on the medical form)

Does your child:

wet the bed

sleep walk

suffer travel sickness (please list any travel sickness medications on the medical form. Travel medication cannot be carried by students)

have any other special requirements



# WYONG PUBLIC SCHOOL

CREATE. INSPIRE. SUCCEED

Cutler Drive, Wyong NSW 2259 | P (02) 4352 2077 | F (02) 4351 2885 | E wyong-p.school@det.nsw.edu.au



## STAGE 3 CANBERRA 2021 MEDICAL FORM

**(Treated confidentially by the school)**

Please complete the following student information.

**Student's Name** ..... **Class** .....  
(please print)

**Home Phone Number:** .....

**Parent's/ Carer's Mobile Number**

Name ..... Mobile Number.....  
(please print)

Name ..... Mobile Number.....  
(please print)

**Other Contact:** Name: .....Phone:.....  
(please print)

**Medical Problems** (e.g. Allergies, asthma, skin conditions, diabetes, epilepsy, adverse reaction to drugs, ADHD, etc)

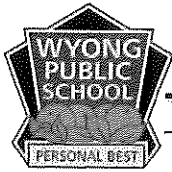
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

(please include copies of any relevant asthma or other medical plans developed by a doctor)

If your child requires any medication whilst on the Canberra excursion please complete details below.

Name of Medication	Dosage and Times		Lunch		Dinner		Before bed		other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose

Medication brought on the excursion should be in the original container with the pharmacy label showing your child's name, dosage and dosage times clearly marked. Only medication in the child's name will be given.



**Medically restricted foods**

Please list foods that may result in discomfort or illness but are **not life threatening**

.....  
.....

Please indicate the items your child **CANNOT** eat (Your child will **not** be allowed to receive foods containing these ingredients)

Peanuts  Tree nuts  Egg  Wheat  Sesame  Crustaceans

Fish  Milk  Soy  other (list below)

.....  
.....

Please list food related anaphylaxis that have been diagnosed by a doctor and require an anaphylaxis action plan

.....  
.....

(Please attach all relevant plans and documentation)

Please list any non-food related allergies.

.....  
.....

Approximate date of last tetanus injection: .....

If your child requires Panadol whilst on the excursion do you give permission for the supervising teachers to administer Panadol? (Please tick Yes or No)

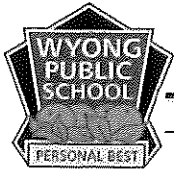
- YES
- NO

In the event that your child should require medical attention, it would assist us if you could supply the relevant health insurance information:

Medicare No: .....

Private Health Insurance Fund: .....

Private Health Insurance Number: .....



# WYONG PUBLIC SCHOOL

CREATE. INSPIRE. SUCCEED

Cutler Drive, Wyong NSW 2259 | P (02) 4352 2077 | F (02) 4351 2885 | E wyong-p.school@det.nsw.edu.au



## Overnight excursions

Please circle and tick where required

I do not / do give permission for my son / daughter to stay overnight in Canberra on Wednesday, 21<sup>st</sup> April 2021 and Thursday, 22<sup>nd</sup> April 2021.

I have completed and attached the medical details information in relation to my child's attendance of this excursion.

## Overnight excursions code of conduct – To be completed by the student

I .....of Class.....agree to abide by the  
(please print)  
following *CODE OF CONDUCT*. I understand that any serious violation of the code may place my participation in future overnight excursions at risk and I may be returned home from the excursion.

I agree to:

- represent my school, my family, and myself in a positive manner;
- respect the rights of other people, both those participating in the excursion and the general public;
- follow any directions given by supervising staff, teachers, adult helpers, coach drivers, tour guides etc;
- take responsibility for organising my personal belongings;
- not to engage in activities that may impact on the ability of others to get a good night's sleep;
- be patient with others;
- take responsibility for gaining the maximum benefit from the excursion by completing required activities;
- behave in a safe and responsible manner; and
- wear appropriate clothing required by the teachers.

Student's Signature ..... Date: .....

## Overnight excursions code of conduct – Parent or Carer

I ..... have discussed the above *Code of Conduct* with  
(please print)  
my child and expect them to abide by the guidelines.

I am aware that poor behaviour may lead to my child being sent home from this excursion. I am aware that I will be responsible for collecting my child from the excursion venue if there is a serious breach of the *Conduct Code*.

Signature (Parent/Guardian) .....

## Permission to view PG Rated Movies:

Name: ..... Class:.....  
(please print)

Whilst in Canberra, we generally watch G rated movies but occasionally there is a PG movie. DVDs will be provided.

- I give permission for my child to view PG movies whilst on Canberra trip.
- I DO NOT give permission for my child to view PG movies whilst on Canberra trip.**

Signed: ..... Date: .....