GOOD SHEPHERD CATHOLIC PRIMARY SCHOOL

Burdekin Avenue, Amaroo ACT 2914 Phone: (02) 6255 7888 • Fax: (02) 6255 7999 Email: office.goodshepherd@cg.catholic.edu.au



PERMISSION FORM FOR SCHOOL EXCURSION TO MILSON ISLAND SPORT AND RECREATION CENTRE

Dear Parents and carers,

Year 6 Camp is at Milson Island Sport and Recreation Centre.

The purpose for this excursion is for students to participate in School Camp with an emphasis on developing cooperative skills, resilience and leadership capabilities.

Excursion details:

Date and time	The students will leave school at 5.45 am on Monday 2nd March and return to school at approximately 6.00pm on Wednesday 4th March.
Venue:	Milson Island Sport and Recreation Centre, Hawkesbury River, NSW.
Transportation	Coach and ferry.
Uniform requirements	Leisure clothes.
Student requirements	Students will need to pack morning tea for the day of departure. Further detailed information regarding the packing list and medication will be provided.
NSW Sport and Rec requirements	The following online form must also be completed by Thursday 13th February 2020 This form requests medical, dietary and contact information for the NSW Sport and Recreation Department. (Please contact your child's class teacher if there are any problems with the completion of this form.) https://oos.ungerboeck.com/prod/emc00/register.aspx?eid=amFaOVdTeVVWcmowcW1yZ0cwdndsdz090
Parent Information	https://sport.nsw.gov.au/facilities/schools/parent This information will also be provided in written format prior to departure.
Cost	The cost of the excursion is covered in your school fees.

Please return the permission slip below to your child's teacher by Friday 14th February 2020

Kind regards

Year 6 Teaching Team

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PERMISSION SLIP FOR EXCURSION TO MILSON ISLAND SPORT AND RECREATION CENTRE Return to class teacher by Friday 14th February 2020

I give permission for my child	in class
to attend the excursion to Milson Island Sport and Re-	creation Centre from 2nd March 2020 - 4th March 2020
Catholic Education require that parents are aware of decision as to whether to allow their son/daughter to activity (such as an event organiser or event host) more condition of participation. Such documents contain provisions) that remove or limit rights which your child personal injury, damage or loss of any kind suffered,	participate: "An external organisation involved in an ay require you or your child to sign a document as a provisions (such as waiver, release or indemnity) I or you may otherwise have had relating to any
Signature	Date:
Name:	Contact number:
CONSENT TO MEDICAL ATTENTION: In the case of an emergency, I communicate with me, to arrange for my child to receive such me pay costs which may be incurred for medical attention, ambulance	edical attention as may be deemed necessary. I also undertake to
I have informed the school of any up-to-date medical	al information for my child Yes No (circle)
Medical details:	
Additional Information:	
Medicare Number	
Private Health Fund number	
I consent to my son/daughter	being given paracetamol if required.
I do not consent to my son/daughter	being given paracetamol if required.
My child suffers from travel sickness and will require	medication for traveling as outlined below:
Any other concerns please indicate below or make o	an appointment to meet with your child's class teacher.

ALL MEDICINE TO BE TAKEN TO CAMP MUST BE GIVEN TO THE CLASS TEACHER

If there is any significant reason why your child will not be attending camp, please contact the class teacher in writing, by Friday 14th February.

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