



Wednesday, February 22 2017

Merimbula Public School – Stage 3 Canberra Excursion Tuesday 20th June – Friday 23rd June 2017

Dear Parent/Grandparent/Caregiver,

The Stage 3 Canberra Excursion has been confirmed. This trip complements the History outcomes we are covering throughout the year. The cost of this excursion is \$400.

The 3-night, 4-day excursion will offer students the opportunity to get a hands-on experience of the issues and subject matter they will have explored during Term 1 and 2.

We are again offering families the opportunity to pay in installments or alternatively you can pay the full total balance at any time prior to Friday, 4 June 2017. If paying in installments, the first installment of \$100 is due on Thursday, March 9 2017. Subsequent installments of \$100 are due on:

Friday, 7 April 2017 Friday, 9 May 2017 Friday, 9 June 2017

This money covers accommodation, all entry fees and activities and <u>MOST</u> food. Students will lodge in the IBIS Styles Eaglehawk Resort for the duration of the stay and will be transported by coach to all events and activities. A detailed itinerary will be distributed to all students closer to the event.

Attached with this note is a medical information and consent/permission form. Please ensure this note is completed and returned to the school office when paying the first installment. Please complete **question 3 and 4** relating to medical information, 4 weeks prior to filling out the note. If any information on this form changes after you have returned it, please let the school know as soon as possible.

This is an initial information note and more detailed information will be sent home shortly. However, if you have any further questions please contact your child's teacher. This excursion is a memorable and important part of a student's primary education. It is encouraged that all students attend. If your child is apprehensive about attending the excursion, please contact your child's teacher so they work with you on encouraging your child to participate. Also, if payment is an issue for your family, please contact the school office to discuss alternative options.

Thank you for your assistance and support,

Mrs Manda Brewer Stage 3 Excursion Coordinator

Please return this note and money to the office by Thursday, March 9, 2017.

I give permission for my child	of class	to attend the
Canberra Excursion. I understand payment for this	s event is \$400. Payment can be n	nade and permission
given in a number of different ways.		
☐ Payment via school website (click on Make a P Excursions under Payment Option. Use the payme	, , , ,	
☐ Payment in envelope to office with permission	note.	
☐ Payment in envelope to office with permission	given via the note on School Strea	am.
Signed:		



Stage 3 Canberra Excursion Medical Permission Note

The information on this form is required for all children attending the Stage 3 Canberra Excursion, Tuesday 20 June 2017 – Friday, 23 June 2017 and should be completed by the child's parent/carer/grandparent, placed in an envelope and submitted with the first \$100 instalment before Friday, 4 June 2017. If any information on this form changes after you have returned this it, please let the school know as soon as possible.

Child's	s Name:		Date of Birth:	
	ss:			
			(Mob)	
Emerg	gency Contact name and no	umber:		
Medic	are Number:			
Please	answer the following que	stions:		Please circle
1.	Is she/he in good health?)		Yes/No
2.	Does she/he suffer from	any chronic illness or	r disability?	Yes/No
If t	the answer was yes, state	the illness;		
3.	Has she/he suffered from	າ any acute illness du	ring the past four weeks?	Yes/No
If	the answer is yes, state th	e illness;		
4.	Has she/he been treated	by a medical practiti	ioner for any injury during the	
	last four weeks?			Yes/No
	If the answer is yes, obtain a rand a certificate stating that t		th instructions about further treatment ne excursion	
	Is she/he taking any mixtupresent?	ire, tablets or any otl	her form of medication at	Vos/No
	If your answer is yes and the n		cribed by a doctor, obtain full written taking paracetamol & travel sickness medication)	Yes/No
6.	Does she/he suffer from:			
	Asthma? Any allorgic condi	i+ion?		Yes/No
	Any allergic condiDiabetes?	uon?		Yes/No Yes/No
	 Epilepsy, fits or bl 	ackouts?		Yes/No

Yes/No

Adverse reaction to drugs?

If yes (to Q6), please give details;	
7. Has she/he been fully immunised against tetanus?	Yes/No
If yes, in what year was the last booster injection given?	
8. Does she/he suffer from travel sickness?	Yes/No
If yes, what actions do you take to prevent it?	
9. Does she/he wet the bed?	Yes/No
If yes, how often?	
10. Special Dietary requirements:	
Do you know of any health factor which will make it advisable for your child to follow a limited program of physical activity?	Yes/No
12. In the event of any accident or illness, I authorise the school to obtain on my be assistance as my child may require. I understand that the school does not have assistance and that any medical assistance requiring payment will be at my excovered under the Ambulance Service of NSW Group Cover Scheme – School Ambulance Cover.	e a fund for medical pense. Students ar
Extras Cover: Yes/No Medical Cover: Yes/No	
Insurer details and student's number on card:	
13. I also undertake to pay medical fees and or cost of drugs that may be incurred the excursion eg. ventolin for asthmatics.	while my child is o
iigned:	
Parent/Carer/Grandparent Name:	
Date:	