**Avoca Beach Public School**

 ***Providing opportunities and success in a caring, safe environment***

**99 The Round Drive, AVOCA BEACH, NSW, 2251**

**Ph: (02) 4382 1416 Fax: (02) 4381 1431**

**email: avocabch-p.school@det.nsw.edu.au website: www.avocabeach.ps.education.nsw.gov.au**

**Excursion, Performance and Activity Consent Form**

14th June, 2018

Dear Parents and Carers,

An excursion, performance or activity has been organised for your child. The information is as follows:

|  |  |
| --- | --- |
| **Title** | Newcastle Museum |
| **Brief Description** | An excursion to supplement our Science and History units |
| **Educational focus** | This excursion has been planned to supplement the following learning being done: Science: Look and Listen, History: The Past in the Present |
| **Venue** | Newcastle Museum |
| **Day and Date** | Tuesday, 3rd July, 2018 |
| **Time of departure and return** | Depart A.B.P.S. 7:30am and return at 4:20pm |
| **Group / Year / Classes involved** | 2M, 2D and 2W |
| **Transport** | Travel will be by seat belted coaches |
| **Cost** | The cost is $30 per student and payment is due by **Friday, 29th June.** Please ensure all permission notes and payments are made by the due date. Late payments cannot be accepted. Payment can be made by cash, cheque or electronically via our school’s website. Unless unforeseen medical or family emergencies occur, the school is unable to refund for this excursion.If financial difficulties prevent your child from participating in this event, please see the Principal. |
| **Accompanying staff** | Mrs McLachlan, Mrs Gould, Mrs Rattray |
| **Staff member with CPR training** | Mrs McLachlan, Mrs Gould |
| **Staff member with emergency care training** | Mrs McLachlan, Mrs Gould |
| **Dress requirements** | School uniform including a school hat |
| **Equipment requirements** |  |
| **Refreshment requirements** | Recess, lunch and water |
| **Behaviour requirements** | Please note that students whose behaviour does not reflect the high standards expected of Avoca Beach Public School students may be excluded from attending this event. |
| **Organising Teacher** | If you have any questions or require further information regarding this event, please contact the organising teacher: (Mrs Duck) at school on 4382 1416 |

**Mrs Louise Duck Mr Ross Hallaways**

**Organising Teacher Principal**

**---✂--- Please complete the attached permission note and medical information and return to school by 29/6/18.**

**Avoca Beach Public School**

**Excursion, Performance and Activity Consent Form**

**Privacy Note:** The information provided below is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about the student who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Avoca Beach Public School.

It will be used by officers of the NSW Department of Education and Communities to assist planning, to 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 maymean 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 provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

**TITLE OF EXCURSION, PERFORMANCE OR ACTIVITY: Newcastle Museum**

**Permission note and payment due by 29th June, 2018.**

**General Permission Details**

* I do / do not consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participating in (the excursion to Newcastle Museum on Tuesday, 3rd July.
* I do / do not consent to my child travelling as per the transport arrangements.
* I enclose ……………………. as payment for the event.

OR

* I have paid for the event via the school website and my receipt number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .
* My son / daughter has the following special needs (please provide full details and include any relevant medical details)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I give / do not give permission for my child to receive medical treatment in case of emergency.
* My Medicare number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Carer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact number on the day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_