



PARENT INFORMATION AND CONSENT FORM FOR SCHOOL EXCURSION

Dear Parent/Guardian

I am pleased to provide you with the following details regarding our forthcoming excursion.

TITLE: NPS Early Childhood Education Faction Athletics Carnival

VENUE: Jubilee Oval, Henry Street, Northam, Western Australia, 6401

DATE: Friday 18th August 2023

TIMES: TIME LEAVING: 9:10am

TIME RETURNING: 12:00pm

REQUIREMENTS FOR THE DAY: Students to wear their school uniform and school hat, running shoes. Students to pack recess, lunch and drink bottle. Sunscreen and hand sanitiser will be provided for students to use.

SUPERVISION: Rachael Flint, Kirsty Eaton, Amanda Clarke and Gaye Wallace

COST: NIL

TRANSPORT: Students will be walking to and from Jubilee Oval with their teachers and parent helpers. We will leave at 9.10am and arrive at approximately 9.30am.

We will leave Jubilee Oval at approximately 11.30am and return to Northam Primary Early Childhood Area at approximately 12.00pm.

CONTACT ARRANGEMENTS: For any concerns on the day, please contact the school - 9621 5700, who will pass the information onto the supervisory team.

ITINERARY: All the Kindergarten and Pre-Primary students will participate in a running race at approximately 10am. The students will then have time for a snack/recess. This will be followed by fun events of egg and spoon race, sack race and a flag race. At the completion of team events, students to begin walking back to school with their classroom teachers and will remain with their classroom teacher until the school bell. Parents/carers who wish to collect their child from Jubilee Oval will need to sign their child out through their Classroom Teacher.

Yours sincerely,

Rachael Flint
Kirsty Eaton
Pamela Gillies
Alex Robson

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Please detach and return to your child's classroom teacher by: **Wednesday 9th August 2023.**

If your son/daughter has special needs, please provide full details and include any relevant medical details on the attached Student Health Care Summary.

If the proposed excursion poses any additional health risks to those identified in the Student Health Care Summary, e.g., if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline additional health risks below:

I consent to _____ participating in the excursion, **NPS Early Childhood Education Faction Athletics Carnival, on Friday 18th August 2023.**

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

Parent/guardian

Date

NORTHAM PRIMARY SCHOOL STUDENT HEALTH FORM
STRICTLY CONFIDENTIAL

- This information is required for each student participating on the excursion. It will assist the school and supervising teachers in the preparation and planning of the excursion.
- This form should be completed to notify the school of any changes to your child's health.
- If there are no changes, there is no need to complete this form

STUDENT DETAILS

Student's name: _____ Date of birth: _____

Parent/guardian's full name: _____

Address: _____ Postcode: _____

Telephone no. – home: _____

– work: _____

– mobile: _____

Name of family doctor: _____ Telephone no: _____

Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes No

If "yes", please give details:

Is your child allergic to:

Penicillin	<input type="checkbox"/>	(Please give details)	_____
Any other drug	<input type="checkbox"/>		_____
Any food	<input type="checkbox"/>		_____
Other	<input type="checkbox"/>		_____

Date of last tetanus vaccination: _____

Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursion.

Is your child presently taking tablets and/or other forms of medication? Yes No

Does your child self-administer the medication?

Yes No

If "yes", state name of medication, dosage and frequency of use:

Other information

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child

