

## 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 Year 1-6 Faction Athletics Carnival**

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

**DATE: Friday 18<sup>th</sup> August 2023**

**TIMES: TIME LEAVING: 9:00am**

**TIME RETURNING: 2:00pm**

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

**SUPERVISION: Northam Primary School staff**

**COST: NIL**

**TRANSPORT: Students will be walking to and from Jubilee Oval. The class will depart from Northam Primary School at 9:00am and return again at approximately 2:00pm.**

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

### ITINERARY

Time (approx...)	Description
9:00am	Students will leave NPS to walk to Jubilee Oval after school roll call has been complete in their faction groups
9:15am to 9:45am	Running events (400m and 200m)
9:45am to 10:50am	Team event games (Circleball, Flag Relay, Leaderball, Tunnelball and Passball)
10:50am to 11:10am	Recess Break
11:15am to 12:00pm	Running events (70m and 100m)
12:00pm to 12:30pm	Lunch Break – The P&C will be organising Sausage Sizzle for Lunch. Please see order form for details.
12:45pm to 1:20pm	Year 1-6 Faction Relay Grand relay (faction vs teachers/parents)
1:20pm to 1:40pm	Clean up and presentations
1:40pm to 2:00pm	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 Faction Leader.

Alex Robson

Physical Education Teacher

Mark Donaldson

Principal

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Please detach and return to your child’s classroom teacher by: **Wednesday 9<sup>th</sup> 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 Year 1-6 Faction Athletics Carnival**, on **Friday 18<sup>th</sup> 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

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