STAGE 2 EXCURSION

Dear Parents and Caregivers,

In Term 2, students in Stage 2 will be studying “British Colonisation”. As part of these studies, we are taking the students on an excursion to the Botany Bay Environmental Education Centre in Kurnell. Here, students will have the opportunity to learn about Aboriginal heritage, the journey of Captain Cook, and will visit Captain Cook’s Landing Place in Kamay Botany Bay National Park.

VENUE:
The Botany Bay Environmental Education Centre
Kamay Botany Bay National Park, Solander Drive, Kurnell

DATE:
Thursday, 25th June 2015

TIME:
Students will need to arrive at school no later than 8:15am to have rolls marked prior to departing.

RETURN:
It is anticipated that students will return to school by 3:00pm.

COST:
$25.00, due by Thursday, 11th June. Please note that there will be no extensions.

UNIFORM:
Please wear full school winter uniform. Ensure shoes are enclosed and comfortable for walking. (School shoes or joggers). Students should also wear their school hat.

SUPERVISING TEACHERS:
Teachers attending the excursion will be Mrs Bromfield, Ms Conway, Ms Filippis, Miss Stevens, Mrs Kocher and Mrs Newans.

FOOD:
Students are required to bring a small bag or day pack with them (NO plastic bags). They should bring lunch, recess, a piece of fruit and a drink (preferably a bottle of water) and a small garbage bag for rubbish. As we will be in a National Park, students are encouraged to bring low-waste lunches. There is a worm farm for fruit scraps. Students will need to take all other rubbish and waste home with them.

MEDICAL REQUIREMENTS:
All students must have the attached medical form completed. If your child requires medication during the excursion, it is your responsibility to notify their teacher before leaving in the morning and provide all necessary information regarding the medication. All medications should be in a plastic bag clearly labelled with your child’s name and dosage. Teachers will look after the medication for the children during the excursion. Students suffering from Asthma must carry their own Asthma puffer.

WHAT NOT TO BRING:
- Money
- Mobile phones, iPods, iPads, electronic hand-held games, etc
- Chewing/bubble gum, chocolates, lollies, chips, etc

Please complete the attached permission note and medical form, and return with payment of $25.00 to the office by Thursday, 11th June.

Thanking you for your continued support,

Mr Stuart Keast                Mrs Rebecca Bancroft           Mrs Coen Mrs Beecher, Mrs Fioramonte
Rel. Deputy Principal          Assistant Principal                Year 3 Teachers

Ballantrae Drive, St Andrews NSW
I give permission for my child __________________________ of class ____________

to attend the excursion to Kurnell on **Thursday, 25th June 2015**

Please tick:

☐ Medical Form is completed and attached.

☐ I have included the payment of $25.00.

______________________________________________________________

~ **Authorisation for a nominated person to collect your child upon return** ~

* Complete only if applicable:*

I give permission for my child __________________________ to go home with

_________________________________________________________ upon return to school.

Parent/Carer’s Name: ________________________________

Please print

Signature: __________________________ Date: ______________
Medical Information Form

The information provided on .................................................................(date) by .................................................................(carer completing form) is being obtained in case of a medical emergency at the excursion to The Botany Bay Environmental Education Centre, Kurnell, on Thursday, 25th June 2015.

It will be used by the NSW Department of Education and Training for medical treatment. Other persons and/or agencies that will be provided with this information are Medical Officers for the purpose of medical treatment. Provision of this information is required by law. It will be stored securely.

**Student name:** ................................................................. **Class:** .................................................................

**Parent or caregiver contact details**

**Name:** .................................................................

**Address:** .................................................................

**Home phone:** ................................................................. **Work:** ................................................................. **Mobile:** .................................................................

**Doctor contact details**

**Name:** .................................................................

**Address:** .................................................................

**Doctor’s telephone:** .................................................................

1. .................................................................

2. .................................................................

**Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)**

1. **Name:** ................................................................. **Phone:** .................................................................

2. **Name:** ................................................................. **Phone:** .................................................................

List existing medical conditions, illnesses, or night issues (include asthma, diabetes, epilepsy, allergies, bed wetting, sleep walking etc.). Outline the treatment for each.

Outline special dietary needs including possible reaction to inappropriate diet

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

**Signature:** ................................................................. **Date:** .................................................................

**Please return this form by:** Thursday, 11th June 2015

Ballantrae Drive, St Andrews NSW