19th March, 2015

Dear Parents/Caregivers,

As part of our HSIE unit about Wet and Dry environments, Year 2 will be going on an excursion to the Georges River Environmental Education Centre (GREEC).

Students will travel by bus to the GREEC for the first part of the excursion. They will then travel by bus from the GREEC to Simmos Beach Reserve to take part in hands on activities. Students will return to school by 3.10pm.

Due to the size of Year 2 and limitations of the capacity at the GREEC we will need to split into two groups. Students from 2/3Y, 2T and some from 2F will attend the excursion on Wednesday 29th April, 2015. Students from 2B, 2S and those remaining from 2F will attend the excursion on Thursday 30th April, 2015.

Your child will attend the excursion on Wednesday 29th April, 2015.

Students will need to be at school by 8.50am on their excursion day.

The cost of this excursion is $22.00

All students will need to wear full sports uniform and their school hat. Students should wear sunscreen and may bring insect repellent. Students will need to bring recess, lunch and drinks. **Please ensure that your child's belongings are labelled and packed in a small backpack NOT a plastic bag.**

This is an outdoor excursion which includes: a short bush walk, dip netting into water from the shore and searching though leaf litter. The staff at GREEC may need to change the Simmos Beach venue if weather conditions are not suitable.

Please complete the permission note and medical form. Payment and notes are due by 15th April, 2015.

Mrs Wendy Fishlock
Excursion Coordinator

Mrs Susan Shennan
Assistant Principal

Mr Richard Batty
Principal
I give permission for my child ________________ of class __________ to attend the excursion to the Georges River Environmental Education Centre and Simmos Beach on **Wednesday 29th April, 2015**.

Please read and tick the following boxes:

☐ I understand that the excursion involves activities near water and that my child will not be swimming.

☐ I have completed the attached medical form. My child has a medical condition that needs special attention during this excursion Yes/No.

☐ I understand that the staff at the GREEC may need to alter the program and venue in the event of unsuitable weather.

I have enclosed $22.00 payment.

☐ Parent/Caregiver Name ___________________________ Parent/Caregiver Signature ___________________________
Medical Information Form: Georges River Environmental Education Centre. 30th April 2015

The information provided on this medical form for Thursday 30 April, 2015 by (Parent/ Caregiver) is being obtained for the purpose of a Medical Emergency whilst on an excursion to the Georges River Environmental Education Centre and Simmos Beach Reserve.

It will be used by the NSW Department of Education and Community 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: ............................................................................................................................................................................................................................................................................................................................

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Home phone: ____________________________ Work: ____________________________ Mobile: ____________________________

Doctor contact details
Name: ____________________________

Address: ............................................................................................................................................................................................................................................................................................................................

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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 or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.
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Outline special dietary needs including possible reaction to inappropriate diet
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Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions
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Signature: ................................. Date: .................................

Please return this form by: Wednesday 15th April, 2015.