St Andrews Public School

Year 6 Farewell 2013

Year 5 Disco Invitation

Dear Parents and Carers,

Your child is invited to attend the Year 6 farewell Disco on Tuesday 17th December, 2013. The disco will be held at the Ingleburn RSL club, commencing at 7:10pm.

The cost of the disco is $3.00 per student.

The Year 5 students are required to be collected at 8.30pm. Parents should assemble outside the holding room at 8.30pm to collect their children. Students will be dismissed, one at a time, as their name is marked off a class roll. Please ensure you provide accurate details of who is collecting your child and a phone number for the night.

It is extremely important that you complete the RSVP and return it with payment to their classroom teacher no later than Monday 9th December.

Dress code for the Farewell will be neat casual; boys are to have a collared shirt.

Thanking you for your support

Year 5 Teachers

Please return this section to Class Teacher ASAP - NO LATER THAN MONDAY 9th December

Name: __________________________ Class: ______

☐ I will be attending the Farewell

☐ I am unable to attend the Farewell

Name: __________________________ Class: ______

I will be collected at 8.40pm by:

______________________________

Contact phone number of person collecting me:

______________________________
Medical information form

The information provided on this form is being obtained for the purpose of a Medical Emergency whilst at the Year 6 Farewell, Year 5 disco.

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 / voluntary. 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 or illnesses (include asthma, diabetes, epilepsy, allergies 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: Monday 9th December.