Dear Parents and Caregivers,

As part of our educational program students may be required to participate in some activities at school or around the local area which requires them to walk or catch a bus such as:

- Marina and Salamander Bay / Nelson Bay shopping precinct
- Public Library
- Athletic and sporting ovals, Salamander Bay
- Swimming pool
- National Park
- Incursions
- Nelson Bay surrounds
- Local Nursing Homes

On any occasion where your child/ren is required to participate in one of the above mentioned activities/places. They will be FULLY supervised by a teacher.

Our goal is to try and reduce the “paper war” and have ONE general permission and medical form that will cover all of these activities. When each of the above activities will take place an information note will go home to parents.

In order for your child/ren to participate in the above activities parental consent MUST be given.

A separate medical note also needs to be completed. You will only need to fill out the attached form ONCE and this will cover all local excursions and school incursions for 2014.

You will need to fill out a separate form for each child in your family and return it to school tomorrow.

Please fill in the attached forms and return them to school as soon as possible. We thank you for your help in this matter.

Regards

Helen Bourne
PRINCIPAL
St Michael’s Primary School

Permission Note for Excursions and Incursions 2014

I understand that my child/ren:

1......................................................... Year ............... 
2......................................................... Year ............... 
3......................................................... Year ............... 
4......................................................... Year ............... 

May be required to participate in various excursions and incursions (Marina and Salamander Shopping precinct; public library; sporting fields; nursing homes, swimming pool; National Park; Nelson Bay surrounds and incursions) during 2014.

I understand that on every occasion my child/ren will be FULLY supervised at all times.

I give permission for my child/ren to participate in these activities which may occur throughout 2014.

Signed: ___________________________ Date: _________
Personal Details:
Christian Name: .................................... Surname: ......................................................... Class: ....
Address: ..............................................................................................................................
Date of Birth: ................. Age:- years........ months..............
Parents’ Names: father............................................ mother.................................
Home phone number: .........................
Mobile Phone number: .........................

Phone number and name of a person who will be available as an emergency contact for the period the children will be away:

1. Name:................................................................. Relationship........ phone..............

2. Name:................................................................. Relationship........ phone..............

Medical Details:

Medicare Number...........................................................................................................

Immunisation: Please state the approximate year of the last injection

Polio (Sabin) ........................................ Measles/Mumps ..................Diptheria/Tetanus..........
Rubella........................................... Whooping Cough..........................................
Other (eg Hepatitis, Meningococcal) ................................................................................

- Is your child covered by a medical benefit fund? Yes/ No
- Is your child covered by a hospital benefit fund? Yes/ No
• Does your child suffer from any medical condition you believe the supervising teacher should or needs to know in order to care adequately for your child? (allergies, asthma, etc). Please list and detail. ……………………………………………………………………………………………………
…………………………………………………………………………………………………
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Please give details of treatment required or medication needed
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………………………………………………………………………………………………………………
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Please Note: Any medication required must be in a plastic container clearly labelled with the child’s name and required dosage. It would be best to speak to the teacher personally to ensure there is no doubt as to what is required. If there is any condition, which arises prior to departure date, please let us know in writing as soon as possible.

In the event of accident or illness to my child, I give the senior teacher present the authority to seek medical advice and such medical attention as may be deemed necessary by the medical officer attending.

Signed:…………………………

I expressly authorise/do not authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Signed: ………………………

PERMISSION DETAILS

I give permission for my child ……………………………………………………………………… of class……… to take part in general excursions and incursions set down by St Michael’s Primary during 2014. I understand the children will sometimes walk and sometimes catch a bus.

Parent’s signature: ……………………………………………………… Date: …………………