



MUSWELLBROOK HIGH SCHOOL

Principal Ms Elizabeth Bate B.A. Dip. Ed.

King Street, Muswellbrook NSW 2333

Friday, 13 September 2019

Dear Parent/Caregiver

An excursion has been organised for **Friday 18th October** for the purpose of **Setting up, operating and packing up sound production for the Muswellbrook South Public School Fete**. Please note the details below:

Venue: Muswellbrook South Public School

Depart: 12:10pm (Period 4). Meet Mr Foy at the Music Rooms

Return: Not returning to school. Students to remain at Fete and be picked up by parents after 'Bump Out', which will begin at approximately 7:00pm. The estimated pickup time is 8:00pm.

Transport: Walking

Uniform: Normal School Uniform during day. Students may get changed into smart casual clothes upon arrival at venue.

Cost: NIL

Teacher: J. Foy

Mobile Contact: 0410 607 367

Other Information: Students must bring the following:

- Own supply of sun cream, which should be applied before the walk to the venue and used during 'Bump In'
- Own re-fillable drink bottle of water. Drinks will not be available for purchase when we arrive.

For every excursion leaving school grounds, you must complete the attached Medical/Permission note and return it to the front office at least five days prior to the excursion.

Yours sincerely,


Jason Foy
Head Teacher, Creative & Performing Arts


Christine Fairweather
Relieving Principal



I hereby consent to my child, (Yr) participating in an educational excursion to Muswellbrook South Public School, approved by the Principal on 18/10/19 travelling by foot.

I DO NOT GIVE PERMISSION FOR THE SCHOOL TO USE PHOTOGRAPHS OF MY CHILD IN PUBLICATIONS INCLUDING THE SCHOOL WEBSITE

If travelling by private vehicle

Driver: Licence

No:

Comprehensive Insurance Policy

No:

Provider:

Registration:

IF APPLICABLE

I approve of my child participating in swimming activities

He/she is a strong/average/poor/non swimmer

He/she can swim metres

CONFIDENTIAL STUDENT MEDICAL FORM

The purpose of this form is to inform us of your child's medical needs in case of an emergency.

Date of Birth:/...../..... Year:

Table with 5 columns: Name, Phone (H), Phone (W), Mobile. Rows: Father/Guardian, Mother/Guardian, Alternate Emergency Contact.

Table with 2 columns: Field, Value. Fields: Medicare Number, Medical Fund Name, Family Doctor Name. Values: Number:, Phone:.

Please indicate in the appropriate box with a ✓ and explain below if your child suffers from any of the following:

Table with 6 columns: Asthma (Ventolin used), Epilepsy, Migraine, Diabetes, Special Dietary Requirements, Heart Condition, Sleep Walking, Fainting, Allergies/EpiPen, Physical Disability.

Other Medical Condition (please give details)

Allergy to medication or food (eg penicillin):

Foods unable to be eaten/special dietary needs:

Does your child take medication? Yes () No ()

If YES, what medication and how often:

PLEASE NOTE: Medication must be supplied to supervising teacher in a Webster pack or divided into daily dosage in a container clearly labelled. Students CANNOT CARRY MEDICATION.

If required can the school administer Panadol (Paracetamol) for pain? Yes () No (). If so, please indicate how many Panadol tablets 1 or 2 per prescribed timeslot eg 6 hours ().

If your child is an Asthma sufferer please ensure the school has an up to date asthma plan.

Parent/Guardian Signature: Date:/...../.....

Note: If students are injured whilst on excursion the school will provide ambulance transfer, however associated medical costs are parents responsibility. Additionally insurance coverage is available through health care funds.