



MUSWELLBROOK HIGH SCHOOL

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

King Street, Muswellbrook NSW 2333

Wednesday, 4 September 2019

Dear Parent/Caregiver

On **Wednesday 25 September, 2019** an excursion has been organised for the purpose of **RFS cadets**. Please note the details below:

Venue: Bulga Control Centre

Depart: 12.10pm period 4,5,6

Return: 3.20pm

Transport: Bus and 4WD, driven by RFS volunteers

Uniform: Yes

Cost: Nil

Teachers: Mrs Karen Paulsen

Mobile Contact: 65 43 1033

Other Information: AS part of RFS cadets for sport this excursion allows the students to observe the control centre and gain an understanding of operations.

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

Karen Paulsen

Teacher

Elizabeth Bate

Principal

Deputy Principal Ms Christine Fairweather B.Tch Ed.

Deputy Principal Mr Scott Copland B.Art.Ed

Telephone (02) 6543 1033 Fax (02) 6543 3927 Email muswellbro-h.school@det.nsw.edu.au

P.O. Box 198 Muswellbrook NSW 2333

"Striving for excellence in a school that cares"



I hereby consent to my child, participating in an educational excursion to Bulga Control Centre approved by the Principal on 25 September 2019 travelling by bus and 4WD

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

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 include Father/Guardian, Mother/Guardian, and Alternate Emergency Contact.

Table with 2 columns: Field Name, Value. Fields include Medicare Number, Medical Fund Name, Family Doctor Name, and their respective numbers/phones.

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

Table with 6 columns for medical conditions: Asthma, 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.