



KENT ROAD PUBLIC SCHOOL

17th May 2021

Year 4 Overnight Camp – Milson Island 14th - 16th July

Dear Parents,

This is the **second letter** regarding the Year 4 overnight excursion in Week 1 of next term.

Thank you to the parents who have already paid the camp deposit. Payments can be made at the school office or online when convenient for you to do so.

For those parents who wish for their child to attend, please pay the \$105 deposit before Friday 28th May. This will assist with the finalising of numbers for our camp activities. If your child will not be attending the camp next term, please inform your child's class teacher.

Payment can be made by:

- cash, cheque and credit card at the office or
- online at <https://kentroad-p.schools.nsw.gov.au> using the relevant payment code.
- **YR4DEP** (for the \$105 deposit)
- **YR4BAL** (for the \$200 balance)
- **YR4FULL** (for the \$305 Full payment)

Along with this letter, you are receiving a **medical/dietary consent form** that is to be completed and returned to your child's class teacher before **Friday 28th May**.

If you have any questions regarding this form, please contact Miss Brasier or your child's class teacher. Please ensure all relevant information is included, and the back of the form is signed.

In the coming weeks, you will be provided a suggested clothing list as well as additional details of the camp activities to assist your child to pack for our trip.

Kind regards,

Miss Brasier, Miss Choi, Miss Houze, Mr McGhee, Miss Toohey Armstrong and Miss Pittorino

KENT ROAD PUBLIC SCHOOL

Year 4 Overnight Excursion to Milson Island Sport and Recreation Camp

Wednesday 16th July – Friday 18th July 2021

Medical information form – Privacy advice

The information provided on (date) _____ by (carer) _____ is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about (your child) _____ who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Kent Road Public School

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

A failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

Student name: Class:

Medicare number (optional)

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 (for example: vegetarian), allergies to food types, 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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Any other information teachers should be aware of? (for example: sleep walking, bed wetting?)

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I do give / do not give permission for my child to
receive medical treatment in case of emergency

Signature: Date:

Please return this form by: FRIDAY 28th MAY TO YOUR CLASS TEACHER.