Dear Parents / Caregivers

Listed below are the requirements for our Canberra excursion. Please complete the attached overnight excursion form and return it to the office by Friday 22 August 2014.

Kind Regards

Mrs Karin Hird
Principal

13 August 2014

Supervising Staff

Staff supervising students on the excursion are Mrs Hird and Mrs Dunn from Pelican Flat Public School.

Departure

We will be leaving the school at 6:20 am, children will need to arrive by 6.00 am.

Payment

Please ensure final payments are made by Friday 22 August.

Spending Money

There will be some opportunities for shopping however spending money should be kept to a reasonable amount. The children will be responsible for looking after their own money.

Valuables

Although it is not preferable, students may bring iPods or DS, PSP games etc for the bus trip clearly labelled and their responsibility. At lights out each night, these will be collected and returned in the morning. If they have a camera, please bring it along. Disposable cameras are ideal for school excursions. No mobile phones are permitted on camp.

Accommodation

We are staying at Camp Cottermouth, which is about 20 minutes from the centre of Canberra. Students will be staying in air-conditioned cabins each with 2 rooms (housing 4 of 5 per room) and a bathroom. Doonas are provided for each child and I am assured that the cabins are warm and ‘cosy’ however, we would recommend all children to bring with them a sleeping bag and towel. We are still waiting on cabin numbers from the Camp in order to finalise room allocations.

Friday Afternoon Meal/Snack

As we are having an early lunch on the Friday (11.30 am) we will be stopping on the way home for a meal/comfort break (probably at McDonalds) as we are not due home until 5.00 pm. The children’s snack cost is not included in levy, an envelope with the students name and $10 enclosed is to be handed to the Mrs Hird on Tuesday prior to departure.
What to Wear

Many of the places we visit are centrally heated and the coach is air-conditioned, but it can get very chilly outside particularly early in the morning. For this reason it is sensible for the children to wear layers of clothing which can be removed or replaced as needed. A windproof jacket, beanie and gloves are suggested.

Neat casual clothes may be worn on Wednesday and Friday - NO offensive words/pictures or advertising please. Thursday students must be dressed in full school uniform as we will be visiting Parliament House, Old Parliament House and The War Memorial.

What to Bring (a very small bag for on the bus)

- Hat
- Drink bottle (water only)
- Morning tea and lunch for Wednesday (Day 1)
- Healthy Snacks
- Wallet with spending money
- Raincoat or travel poncho (just in case!!)
- Camera (optional)
- Games/books for the bus trip.
- Medications (if required – paracetomol/travel sick/asthma etc) - hand to Mrs Hird prior to boarding the bus. These must be clearly labelled with students name and dosage required.

What to pack (overnight bag to go under the bus)

- Full school uniform including school shoes and the school hat (Thursday)
- Sleeping bag
- Towel
- Warm clothes, tops, jeans/pants.
- Insulated water proof jacket with hood.
- Joggers
- Comfortable shoes (in case joggers get wet)
- PJ’s
- Tidy and sun safe clothes to last two days. Please also pack a spare change of clothes and students may get dirty.
- Don’t forget essentials such as underwear and socks.
- Toiletries including sunscreen, deodorant, toothbrush, toothpaste, shampoo, conditioner, soap.
- Small soft toy to cuddle at night (compulsory)
- Plastic Bag for dirty clothes x 2

Please ensure all belongings are clearly labelled and leave anything valuable at home. All belongings will be the responsibility of students.

Special Health Problems

If your child suffers from travel sickness, please ensure that medication or other remedies are provided. Please ensure the medical forms are returned by August 22. Any medication needs to be labelled clearly and given to Mrs Hird prior to departure.

Behaviour Standards

Parents are asked to support the School in our expectations for acceptable behaviour. Sometimes in their excitement, some children exhibit inappropriate behaviour. This will be dealt with on the excursion by Mrs Hird however if behaviour exceeds appropriate expectations then parents will be responsible for collecting students from Canberra at their own expense. I am confident that this won’t be an issue.

Excursion Contact

Mrs Hird's mobile number is 0411 468 286. If you need to give your child an urgent message them please contact her directly. During the day an SMS is preferable.

If you have any further questions, please contact the school on (02) 4976 1257.
Nords Wharf Public School

CONFIDENTIAL

OVERNIGHT MEDICAL FORM

Parent/Guardian should complete this form accurately as it will be taken on the excursion and will be the basis for contact or action in the event of emergency.

Child's Name: ____________________________  Class: _______

Home Address: __________________________________________

Telephone No: __________________ Mobile: __________________

Other Contacts: (In case of no parent/guardian home)

Name: __________________  Relationship:__________________
Telephone No: __________________ Mobile: __________________

Name: __________________  Relationship:__________________
Telephone No: __________________ Mobile: __________________

MEDICAL: In the event of an emergency a doctor and/or ambulance may be called

Family Doctor: __________________  Phone: __________________

Medicare number: ________________ (required for all students)

In the event that your child needs medical attention it would assist us if you could please supply the following relevant health insurance information:

Do you have Private Health Insurance?  ☐ Yes  ☐ No

(If yes, details please) Fund name: __________________ Fund number: __________________

1. Does your child, or has your child ever, suffered from asthma and require an excursion Asthma Action Plan to accompany this information sheet?  ☐ Yes  ☐ No

If yes, please sign here and provide a copy of your child’s action plan (attached) __________________

2. Does your child have any medical problems or medically related special dietary requirements that we should be aware of?  ☐ Yes  ☐ No

(If Yes, details please)______________________________________________

______________________________________________

3. Is your child taking any regular medication?  ☐ Yes  ☐ No

(If Yes, please detail medicine and reason for administration) ____________________________________________

______________________________________________
NOTE: Children taking regular medicine should hand same to a supervising teacher in a container clearly labelled with name and, if necessary, details for administration. Supervising teacher will ensure medication is taken.

4. Does your child suffer from travel sickness?  ☐ Yes  ☐ No

If yes, details and treatment information ____________________________________________

5. Does your child suffer from any allergies?  ☐ Yes  ☐ No

(If Yes, details please) ___________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. Does your child have any sleep-related problems (eg sleep walking, bed wetting, etc)?  ☐ Yes  ☐ No

(If Yes, details and treatment please) ____________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

NOTES:

All medications will be kept by the medication co-ordinator and be distributed at the appropriate times. If your child suffers from asthma and needs to carry their medication at all times please advise us in addition to completing an Asthma Action Plan for Overnight Excursions, otherwise children are not permitted to carry medications with them.

Please note that teachers are not able to directly administer medication but the excursion medication co-ordinator will supervise children self-administering medication.

Medical Disclaimer: Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and carers are advised to assess the level and extent of their child’s involvement in the sport program offered by the school, zone, regional and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

If you have indicated a need for your child to take medication or wish to include any kind of medication in case of unexpected illness, including pain relief or travel sickness treatments, you will need to complete a medical action plan and enclose with the medication for handing to the medication co-ordinator at the time of departure. Asthma Action Plans can be returned in advance.

I give permission for the supervising teacher to administer paracetamol to my child if required.

I authorise the obtaining on my behalf of such medical assistance as my child may require.

I also undertake to pay any medical fees including ambulance transport and/or the cost of medication which may be incurred in the medical assistance of my child.

Checklist:

☐ I have answered yes to question 1 (please complete an Asthma Action Plan)

☐ I have answered yes to questions 2, 3, 4, 5 or 6 (please complete a Medical Action Plan)

Parent/Carer Name: _________________________________  Parent/Carer of: _________________________________

Signature: _________________________________  Date: _________________________________