Information Re: Extra Curricula Event

Dear Parent / Caregiver,

Your child has been offered the opportunity to participate in the following extra-curricula activity. As is normal procedure, student behaviour is expected to be of the highest quality and students should attend the day in the knowledge that they are representing our school.

Event: Year 7 Camp
Location/s: Morissett Outdoor Education Camp
Date: Wednesday 22nd- Friday 24th April 2015
Period of Time: TBA
Mode of Travel: Bus
Breakdown of Cost: Approx $250
Event Organiser: M. Coghlan

Purpose of the excursion:
Opportunity for Year 7 students to build positive relationships with their year group whilst participating in a number of team building activities.

Additional comments:
Further information will be provided to students when they attend Wadalba in 2015.
The cost of the camp can be paid for throughout Term 1. If you are having difficulties with camp costs and payments please see Ms Coghlan asap.

- Deposit of $50 to be paid by 11th February 2015 along with consent forms
- Second Instalment of $90 due by 4th March 2015
- Third and final instalment of $90 no later than 20th March 2015.

This activity has the support of the Principal.

Signature

Please return your form to the organising staff member as listed above.
Wadalba Community School
Extra Curricula Permission Note

Name of Parent / caregiver: _______________________________________________________

I do / do not give consent to my child __________________________________________ of Roll Class _________ to participate in an excursion to Year 7 Camp on Wednesday 22nd- Friday 24th April 2015.

Transport

Please indicate how your child will be travelling to/from this event:

☐ The Coach/Bus arranged by school.

☐ Public Transport (ie. Train) arranged by school.

(Student over the age of sixteen years are reminded that Concession Passes are required to obtain the student travel rate. Passes are available, upon application, from the school’s administration office).

or:

☐ I will be transporting my own child: Yes / No (Please circle)

☐ I give permission for my child to travel with: _______________________________________

☐ If transporting students other than your own child, the DET requires you to name those students and submit the following documents:

- A copy of comprehensive insurance
- A copy of registration certificate
- A copy of driver’s licence
- A completed Prohibited Person’s Declaration (attached)

Student(s) travelling with me: ____________________________________________________

Photographs & Images

☐ I give permission for my child’s given name and/or image to be published in school communications relating to this excursion.

Medical Information

In giving permission for my child to attend I understand that all sections below must be completed.

My child does/does not suffer from any medical condition. (If so, please attach details of the medical management program which he/she follows)

My child does/does not suffer from an allergy. (If so, give details of any allergies your child suffers)

In what year was your child last immunised against tetanus? ________________________________

Is there any other information we may need to be aware of that may impact on the activity being undertaken? ________________________________________________________________

Student’s Medicare Number: _________________________________________________

I understand that in the case of an emergency, staff will make contact with the ambulance service and/or hospital.

Signature: ___________________________________________ Date: _____________________

Emergency Contact for day of excursion

Name: ___________________________________________ Ph. _____________________

Coordinating Teacher: M. Coghlan