



# STAGE 3

## OUTDOOR EDUCATION CAMP

### 2019

4<sup>th</sup> February 2019

Dear Parents and Carers,

This year, students in Year 5 and 6 are being offered the opportunity to attend the Camp Morisset Outdoor Education overnight excursion.

#### **DETAILS:**

- Week 5, Term 3 – Monday 19<sup>th</sup> August – Wednesday 21<sup>st</sup> August 2019
- 3 days/ 2 nights
- Year 5 and Year 6 only

At this stage we expect the trip to cost approximately \$250 per student. This cost includes:

- Coach travel
- 3 meals per day, starting from lunch on Day 1 to lunch on Day 3
- Accommodation
- Day and night activities led by experienced outdoor education staff

If you would like your child to attend the Outdoor Education Camp, you will need to complete the following:

- ✓ Sign and return the permission note below AND the attached Medical Form along with the **\$50 non-refundable deposit by Friday 1<sup>st</sup> March – Week 5 Term 1**

This will be the final date for students to secure their attendance on the excursion.

Total balance for excursion is due on Wednesday 3<sup>rd</sup> July 2019 – Week 10, Term 2.

If you have any questions, please do not hesitate to contact Mrs Mandas at school on 49454861.

**Mrs Kierin Mandas**  
Organising Executive

**Mr Shaun Dixon**  
Principal



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#### Belmont North Public School OUTDOOR EDUCATION PERMISSION NOTE 2019

- ☐ I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the Outdoor Education excursion for Years 5 & 6 in Term 3 2019.
- ☐ ***I understand the deposit of \$50 is non-refundable.***
- ☐ I have made an online deposit payment of \$50 my receipt # is \_\_\_\_\_  
OR
- ☐ I have enclosed the deposit payment of \$50.00.

Signed: \_\_\_\_\_ (Parent/Guardian)

Dated / /





Belmont North Public School  
**Stage 3 OUTDOOR EDUCATION EXCURSION 2019**  
**MEDICAL / CONTACT INFORMATION SHEET**



Child's Full Name .....

Phone:( Home)..... (Mobile) .....

Other contact number (in case no parent/guardian at home):

Name: ..... Phone: (Home) .....

(Mobile).....

1. Is your child taking any regular medication at present? YES / NO - If so, detail medicine & reason for administration

.....  
.....

2. Is your child allergic to penicillin? YES / NO

3. Any other allergies? YES / NO

Please specific: .....  
.....

4. In the event that your child should need Medical Attention, it would assist if you could supply the relevant Health Insurance Information:

Medicare Number.....

Hospital Fund..... Number ..... (if applicable)

Pension Number .....

5. I give permission for the supervising teachers to administer the following medications, if required: **( MUST BE SUPPLIED BY PARENT AND GIVEN TO TEACHER )**

- |   |            |                       |
|---|------------|-----------------------|
| <input type="checkbox"/> Panadol  | Dose ..... | Parent Initial: ..... |
| <input type="checkbox"/> Nurofen  | Dose ..... | Parent Initial: ..... |
| <input type="checkbox"/> Travel Calm                                    | Dose ..... | Parent Initial: ..... |
| <input type="checkbox"/> Soothers or Lozengers for sore throat or colds |            | Parent Initial: ..... |

6. Does your child have any specific dietary requirements? YES / NO

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.....

7. Please supply any other information (medical/personal) that you think we may need to know:

.....  
.....

**NOTE:** Children taking regular medicine – medication needs to be given to the supervising teacher in a container clearly labelled with name and all details for administration including time of day, with or without food, preferred drink etc. Supervising teachers will ensure medication is taken.

In the event of accident or illness I authorise the obtaining on my behalf any such Medical assistance that may be required. I also undertake to pay any fees or costs that may be incurred.

**Signature:** .....(parent/guardian) **Date:** .....

**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 caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area 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.