23rd February 2015

Dear Parents,

Next term Year 5 students will be undertaking a HSIE inquiry based unit, ‘How did the discovery of gold shape Australia?’ and in Term 3 a Science & Technology unit, ‘Global Environments: Rainforests.’

As discussed at the Parent Information Evening, we have planned an overnight excursion to Bathurst. This excursion is a vital element of the learning that will occur within our unit of work, and it is an expectation that all students will attend. We will be staying on the Bathurst Goldfields and exploring the Rainforest Walk at Katoomba.

We will leave school at 6:50 am on Thursday 23rd April and return at approximately 5:15pm on Friday 24th April. The success of this trip depends upon everyone respecting all students and staff to ensure that the safety and learning opportunities are of benefit to all.

The cost of the excursion is $195.00 per child. This includes all travel and accommodation. Students will need to provide recess and lunch on the first day. All other food is included in the cost. We will send a note home later in the term outlining the itinerary and suitable items to pack. Please complete the attached permission and payment envelope and Confidential Information Sheet and return them to school by 23th March 2015. Please be specific about any allergies or food requirements.

If you have any concerns or queries regarding the excursion, please do not hesitate to contact us at school.

Thank you

Mrs Gierek and Mr Loudon
Year 5 Teachers
CONFIDENTIAL MEDICAL INFORMATION NOTE

Please complete the details below to assist us in case of any eventuality with your child at camp. All information is held in confidence and the form is destroyed after the camp.

Please complete as accurately as possible.

Is your child presently taking any medication  YES / NO

If YES, please state:

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>TIME TO BE GIVEN</th>
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All medication must be handed to the Teacher in charge (in a plastic bag labelled with the child’s name) prior to leaving for camp. PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE Whilst on CAMP.

CHILD’S NAME: ___________________________________________

PARENT’S ADDRESS: __________________________________________________________

________________________ POSTCODE: _______________

TELEPHONE: Home: ____________ Business: ___________________

EMERGENCY CONTACT NAME: ___________________ Phone No: _______________

MEDICAL FUND: ______________________________________ NUMBER: ______________

MEDICARE CARD NUMBER: ____________________________

NAME OF CHILD’S DOCTOR: _______________________________

Address: _____________________________________________ Phone No: ____________

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

- Bed Wetting  ☐  - Fits of any type  ☐  - Migraine  ☐  - Dizzy Spells  ☐  - Asthma  ☐
- Heart Condition  ☐  - Sleepwalking  ☐  - Blackouts  ☐  - Travel Sickness  ☐  - Other  ☐

If “Other “ please state: _____________________________________________

ALLERGIES TO: Penicillin: ___________________ Any Foods: ___________________

Drugs: ___________________ Other: ___________________

What special care is required? ____________________________________________

Last Tetanus Immunisation was? __________________________________________

If over 10 years since last Immunisation, please tick if booster is to be arranged by parents before camp ☐

Booster Date: ___________________________

Any special dietary requirements: ____________________________

Is this the first time your child has been away from home?  YES / NO

I authorise the teacher in charge of the camp, where it is impossible to get in touch with me, to consent to the child receiving such medical or surgical treatment as is deemed necessary.

Signed: ____________________________________________ (Parent / Guardian)