17th February 2016

Dear Parents,

To support our learning about the development of the Australian colonies, next term Year 5 will be going on 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 stopping at Katoomba on the way.

We will leave school at 6.50am on Thursday 28th April and return at approximately 4.45pm on Friday 29th 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 $200.00 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 Medical Information Note and return them to school by Tuesday 29th March 2016. 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 Egan and Miss Lopresti
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>
</tr>
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<tbody>
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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)