** Monday 9th April 2018

**KURRI KURRI PUBLIC SCHOOL**

ESTABLISHED 1904

*Learning, Caring and Respect for All*

202 Lang Street

KURRI KURRI 2327 Phone 02 49371235

Email: kurrikurri-p.school@det.nsw.edu.au Fax 02 49361128

**Majestics Choir Choralfest Performance**

Dear Parent or Caregiver,

The Senior Majestics Choir group will be performing in Choralfest this year at Lake Macquarie Performing Arts Centre, Warners Bay

**Venue:** Lake Macquarie Performing Arts Centre, Warners Bay

**Date:** Tuesday 8th May 2018

**Time:** Depart school at 9:15am and return approx. 2:00pm

**Clothing:** Full School Uniform to be warn, special choir shirts will be provided on the day

**Travel:** Community Bus

**Cost:** The cost of the excursion is $6.00. Payments can be made directly to the office or online through the school website.

**Accompanying staff:** Ms Samantha Holden & Ms Davina Dawes

Closing Date for payment and notes: **Wednesday 2nd May 2018**

Please note: To process venue payment, staffing and supervision of classes, no money or notes can be accepted after the closing date.

Samantha Holden Eve Eather

Senior Choir Teacher Principal

**Behaviour Policy**

I am aware that participation in this activity is subject to satisfactory behaviour, sportsmanship, cooperation, uniform compliance and completion of work. Students may be excluded from this excursion if they have repeatedly shown they cannot follow school rules or if there are identified WH&S issues.

**Medical Disclaimer**

Please note that there is no personal 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.

***Please return to school by Wednesday 2nd May 2018***

I do / do not consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in *\_\_\_\_\_\_\_* (class) participating in the Majestics Choir Performance at Lake Macquarie Performing Arts Centre, Warners Bay on Tuesday 8th May 2018. I understand travel is by private car.

I give/do not give permission for my child to receive medical treatment in case of emergency.

□ I have enclosed $ for the payment of the (bus and excursion)

**OR**

□ I have paid $ On-Line: Date Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Receipt Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will your child get to and from the ground? (please circle):

Parent/Caregiver’s Car Another family member’s car Another adult’s (not relative) car

If your child will be travelling with someone other than a parent or primary caregiver, please provide their name and contact number. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note – drivers taking another student **must** have a full (black) licence.

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| **Medical information form** | |
| The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and is participating in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Kurri Kurri Public School.  It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.  Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.  Provision of this information is not required by law. However, a failure to provide the information maymean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.  Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. | |
| *Student name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Medicare number* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Class:\_\_\_\_\_\_\_* | |
| **Parent or caregiver contact details**  *1. Name* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Phone­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  2. *Name* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Phone­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| **Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)** | |
| *1. Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Phone­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |