KURRI KURRI PUBLIC SCHOOL

ESTABLISHED 1904

Learning, Caring and Respect for All

202 Lang Street
KURRI KURRI 2327
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Phone 02 49371235
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Monday 26th March 2018

Dream Cricket

Dear Parent or Caregiver,

The Support Classes will be going on an excursion to Kurri Kurri Sports Ground to participate in an organised day of "Dream Cricket" on Wednesday 16th May 2018. This excursion has been planned to supplement the work being done in the classroom.

Venue: Kurri Kurri Sports Ground, scholars will be walking to the ground

Date: Wednesday 16th May 2018

Time: departing school at 9.30am and returning approx. 2:30pm

Clothing: School sports uniform

Cost: No Cost

Students are required to bring: A hat, food for break 1 and break 2 and water bottle.
Sun safety is important; please apply sunscreen to your child before they come to school.

Accompanying staff: Support Classes teachers and SLSOs
Closing Date for notes: **Friday 11th May 2018**

Kylie Pinchen
Excursion coordinator

Eve Eather
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 Friday 11th May 2018

I do / do not consent to _____ in _____ (class) participating in an excursion to Kurri Kurri Sports Ground for Dream Cricket on Wednesday 16th May 2018.
I understand students will be walking to the Kurri Kurri Sports Ground and there is not cost.

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

Signed _____ Date: _____

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 may mean 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._____