Dear Parents and Caregivers,

As part of our themes on ‘Living Things’ and ‘Australian Animals’, the children in Kindergarten will be visiting Featherdale Wildlife Park at Doonside, on Friday, 8th November, 2013.

The cost per child will be $28, which covers transport by bus and entry into the park. We will be leaving school at 9.30am and returning by 3.00pm. As it is a Friday, the children will be wearing their normal Sport uniform and hat. They will need their recess and lunch including water, carried in their own backpack.

No money will be required on the day as the children will not be able to purchase any goods at the venue.

There are funds available for financial support if needed. You can speak to the office staff, Mrs Gard or Mr Angus for this service. Please don’t hesitate to ask if needed.

As it is a DEC requirement, you will need to fill out a new medical form and return it with the payment and permission note.

We will need some parent helpers on the day. Smaller groups of children are much easier to manage and also enable the children to have more quality time for talking, questioning and interaction. If you wish to join us please fill out the expression of interest note. Positions on the bus are limited and will require an extra small fee. If you would like to join us by meeting us there you will need to pay your own entrance fee. Please indicate if you are able to transport others. It would be preferable not to have the extra worry of younger siblings, if alternative arrangements can be made.

We have always had a very enjoyable and informative day in previous years.

Please fill out all applicable information below and return with payment of $28, in the money envelope provided, to the office, by Monday 4th November, 2013.

Thank you,
R. Angus
Principal

A. Gard, D. Aldridge & S. Freeman
Kindergarten Teachers

THE OAKS PUBLIC SCHOOL

KINDERGARTEN EXCURSION – FEATHERDALE WILDLIFE PARK 8/11/2013

Child’s Name: ___________________________ Class: ___________

I give permission for my child/ward to travel by bus to Featherdale Wildlife Park, leaving at 9.30am & returning by 3.00pm on Friday 8th November, 2013. Please find enclosed $28 to cover the cost of entry to the park and transport costs.

☐ I have included a current medical form.

I do/do not give permission for my child to receive medical treatment in case of an emergency. (please circle)

_________________________ ___________________________
Parent/Guardian Signature Parent/Guardian Name (please print)

_________________________ ___________________________
Daytime Contact Phone Number Date
I would like to be a parent helper on the Kindergarten Featherdale Wildlife Excursion on 8\textsuperscript{th} November 2013.

Please choose and tick your preferred option.

- [ ] I would prefer to travel on the bus and I understand there will be an extra cost involved.

- [ ] I am able to transport myself and I understand I will need to pay an entrance fee.

- [ ] I am able to transport _____ extra persons.

We will confirm your placement when we have finalised numbers and then let you know how much the extra payment will be.

______________________________________  _________________________
Child’s name                                      Class

______________________________________  _________________________
Parent/Guardian Name (print)                             Sign
The information requested below will help to provide the best possible care of your child.

- Providing this information is not obligatory, but its absence may prevent your child from participation;
- It will be used to minimise risks associated with this excursion;
- It will be seen only by those persons providing health care treatment;
- It will be stored securely and destroyed after the legal time limit has expired.

<table>
<thead>
<tr>
<th>Student Name: ___________________________</th>
<th>Class: __________</th>
</tr>
</thead>
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**Parent or Caregiver Contact Details**

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ______________________________</td>
</tr>
<tr>
<td>Home Phone: __________ Work: __________ Mobile: __________</td>
</tr>
<tr>
<td>Medicare Number: ______________________</td>
</tr>
</tbody>
</table>

**Doctor Contact Details**

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ______________________________</td>
</tr>
<tr>
<td>Doctor’s Telephone: 1. __________ 2. __________</td>
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</tbody>
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**Emergency Contact/s Details (nominated by the parent/caregiver as alternate contact)**

1. Name: ___________________________ Phone: __________
2. Name: ___________________________ Phone: __________

List existing **medical conditions or illnesses** (including asthma, diabetes, epilepsy, allergies, etc). Outline the treatment for each.

__________________________________________________________________________

__________________________________________________________________________

Outline special dietary needs including possible reaction to inappropriate diet

__________________________________________________________________________

__________________________________________________________________________

Medication/s to be administered during the excursion. Include name of medication for administration, time of administration and any possible reactions

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature: ___________________________ Date: ___________________________