Dear Parents and Caregivers,

As part of our themes on ‘Living Things’ and ‘Australian Animals’, the children in Kindergarten will be visiting Symbio Wildlife Park at Helensburgh on Friday, 24th October, 2014.

The cost per child will be $25, which covers transport by bus and entry into the park. We will be leaving school at 9.15am 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 Manga or Mrs Crouch 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 would like 8 parent helpers to attend but they would need to organise their own transport and pay the entry fee of $27. You would be responsible for a small group of children. Pre-schoolers or toddlers will not be able to join us. Please indicate on the form below if you would be willing to join us. If we get too many responses we will hold a ballot selection. Responses need to be sent in to the office by Friday 10th October, the end of Week 1, Term 4. We can then confirm places.

Please fill out all applicable information below and return with payment of $25 (in the money envelope provided), to the office by Monday 13th October, 2014.

Thank you,
S Crouch M Manga D Aldridge, K Levings & D Wilson/A Atkin
Principal ES1 Supervisor Kindergarten Teachers

THE OAKS PUBLIC SCHOOL

KINDERGARTEN EXCURSION – SYMBIO WILDLIFE PARK 24/10/2014

Child’s Name: ________________________________ Class: _____________

I give permission for my child to travel by bus to Symbio Wildlife Park, leaving at 9.15am & returning by 3.00pm on Friday 24th October, 2014. Please find enclosed $25 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 ________________________________
I would like to be a parent helper and understand I will need to pay an entrance fee of $27.

We will confirm your placement as soon as we have finalised numbers.

________________________  ____________________
Child’s name                                                                                           Class

__________________________________________________________
Parent/Guardian Name (print)                                                             Sign
MEDICAL INFORMATION FORM

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

| Student Name: _______________________________ | Class: _______________________________

Parent or Caregiver Contact Details

| Name: _______________________________ |
| Address: _______________________________ |
| Home Phone: __________________ | Work: __________________ | Mobile: __________________ |
| Medicare Number: __________________ |

Doctor Contact Details

| Name: _______________________________ |
| Address: _______________________________ |
| Doctor's Telephone: 1. __________________ | 2. __________________ |

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: __________________
Dear Mr/Mrs ______________________________.

Thank you for offering to help on our Symbio Excursion on Friday, 24th October. You will be supervising a small group of children and so you will need to check with the office that you have a Prohibited Employment Declaration Form filled out and signed. If you are already a parent helper at school, you should already have one done.

Thanking You
Mrs Manga, Mrs Aldridge, Mrs Levings & Mrs Wilson