Dear Parents,

An excursion has been organised to the Camden Show for Friday 20th March 2015 (Week 8, Term 1) for children in Stage 1. Classes 1/2 Southern Cross, 1/2 Crux, 1/2 Draco, 1/2 (Leo) and 1 Hercules.

The students will be viewing the many exhibits and displays to experience and gain a better understanding of: the many aspects of city and country; the variety of goods and services which emanate from our local areas; and the features of life in years gone by.

An excursion such as this, allows the children the opportunity to experience the sights as well as the smells and sounds of such an event, first hand. It relates to the HSIE unit of works covered throughout the year. The cost of the excursion is $10.00 per student. Student assistance is available for parents experiencing financial difficulties. Please see Mrs Giles or Mrs Crouch in the office. All enquiries are strictly confidential.

Travel will be by bus, leaving the school at 9.45am and will be returning to the school by approximately 2.30pm. All permission notes and money are to be returned to the office BY NO LATER THAN Monday, 16th of March 2015.

Children are requested NOT to bring any money with them on the day, as there will be no opportunity for spending.

The children are asked to wear their hats and sports uniform on the day. They will need to bring a packed lunch from home, recess snack and two drinks. Children will be carrying all their belongings around ALL DAY, so please pack them into their school backpack.

We do require some parent helpers which of course require a Working with Children Check. If you are available to help please complete the slip below and you will be notified by the class teacher if your help is required. You would however, need to transport yourself there, as there are no spaces available on the bus. Entry into the show will be free as we are allowed 3 parents per class to assist, as long as you meet us at the entry gate. THIS EXCURSION IS NOT SUITABLE FOR ANY PRE-SCHOOLERS.

Thank you for your support, A Atkin, T Jackson, R Stevenson, D Wilson, L Walsh and K Powell. (Stage 1 Teachers)
S Crouch (Principal)
2/3/2015

The Oaks Public School
Camden Show Excursion 20/03/15

I hereby give permission for my daughter/ son __________________________ of class __________ to participate in the excursion to the CAMDEN SHOW on Friday 20th March 2015. Travel will be by bus, leaving The Oaks School at 9.45am and returning to the school at approximately 2.30pm.

Children are to bring hats, a packed lunch, recess snack and two drinks in their school backpack. Sports uniform is to be worn on the day.

Cost: $10.00 per student

Parent/Guardian signature __________________________ Parent/ Guardian Name __________________________ Date __________

N.B. Medical notes accompanying this permission note must be returned at the same time. ALL MEDICATION IS TO BE GIVEN TO THE CLASS TEACHER ON THE MORNING OF THE EXCURSION WITH CLEAR INSTRUCTIONS.

Camden Show Parent Helpers- Expression of Interest
Please tick, which applies

☐ I am unable to assist
☐ I am willing to assist and I understand I will need to transport myself and meet everyone near the Gate Entry (outside Camden Pool).

Parent/Guardian Signature __________________________ Parent/Guardian Name __________________________ Date __________
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>
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**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: ___________________________