



# UPPER SWAN PRIMARY SCHOOL

An Independent Public School

ABN 31 930 948 608

1204 GREAT NORTHERN HIGHWAY, UPPER SWAN WA 6069

*"Children are the Future"*

## EXCURSION CONSENT LETTER

### Winter Carnival

<b><u>PURPOSE</u></b>	AISA Interschool Winter Carnival
<b><u>DATE</u></b>	Friday 21st June 2019
<b><u>LOCATION</u></b>	Ellenbrook Sports HUB and Netball at Coolamon Oval
<b><u>COST</u></b>	\$7.00 <b><u>DUE</u></b> Friday 14 <sup>th</sup> June 2019 Payment can be made by cash, EFTpos®, credit card or direct deposit. <i>When paying in cash, please send the correct amount, as we don't have change.</i> Please place payment and permission note in an envelope with your child's name and place in the payment boxes located outside the school office. <b>Details for Direct Deposit are:</b> <b>Upper Swan Primary School</b> <b>BSB: 306 041                      Account: 4194582</b> Description: Child's full name e.g. TOM SMITH, Summer Interschool Carnival. Payment plans can be arranged through the Manager Corporate Services. In the event of an absence on the day, transport costs cannot be reimbursed.
<b><u>TRANSPORT</u></b>	Bus – Departs school at 8.55am and arrives back at 2.40pm approx
<b><u>ACTIVITIES</u></b>	Soccer, Footy, Netball and Modcrosse
<b><u>DRESS</u></b>	School uniform, hat and sneakers
<b><u>FOOD</u></b>	Please provide recess, lunch and water for your child
<b><u>SUPERVISION</u></b>	Teachers and Education Assistants will be supervising small groups of children. Students will be identified by their school uniform. Parent volunteers will also be on the excursion.
<b><u>CONTACT</u></b>	If you need to contact us during the excursion due to an emergency, please contact the school on 9296 4622.

If you agree to your child attending this excursion, please complete the rest of the letter attached and return to the front office by 3.30pm Friday 14<sup>th</sup> June  
It is your responsibility to ensure any medical/health changes are updated prior to the excursion date.

OFFICE USE ONLY  
☐ CASH ☐ EFT ☐ DD  
☐ UNALLOCATED CREDIT  
DATE: \_\_\_\_\_  
RCPT: \_\_\_\_\_ SO: \_\_\_\_\_

**EXCURSION NAME:** Winter Carnival  
**DUE: Friday 14<sup>th</sup> June AMOUNT:** \$7.00

**CONSENT FORM**

CHILD'S NAME: \_\_\_\_\_ YEAR: \_\_\_\_\_ ROOM: \_\_\_\_\_

- I give permission for my child to travel by bus on \_\_\_\_\_ to \_\_\_\_\_ to participate in the above excursion.
- I give permission for my child to receive medical treatment in case of an emergency.
- I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.
- I agree to inform the organiser before the scheduled excursion departure of any changes to my child's health and fitness so that appropriate supervision may be arranged.
- I have read and understood the information regarding the excursion and give permission for my child to participate and enclose \_\_\_\_\_ to cover the expense.

**Medical Details**

Is your child subject to asthma, seizures, fainting epilepsy, diabetes, allergies or any condition that may affect his or her safety during this activity? Yes ☐ No ☐

If "yes", please give details below.

Is your child allergic to: ☐ Penicillin ☐ Any other drugs ☐ Any food ☐ Other

Please give details

Date of last tetanus vaccination: \_\_\_\_\_

**Medication**

Parents are requested to make arrangements with the teacher for the safe keeping and handling of medications required for this activity.

Is your child presently taking tablets and/or to her form of medication?

Yes

☐

No

☐

Does your child self-administer the medication?

Yes

☐

No

☐

State name of medication, dosage and frequency of use:

**Other Information**

Please provide any other information about your child which will enable the organisers of this excursion to provide better care for your child.

Name of Family Doctor: \_\_\_\_\_ Tel.No. \_\_\_\_\_

PARENT/GUARDIAN FULL NAME \_\_\_\_\_ (Home No): \_\_\_\_\_

ADDRESS : \_\_\_\_\_ ( Mobile): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_