



# Budgewoi Public School

Lukela Ave, Budgewoi NSW 2262

02 4390 9166

budgewoi-p.school@det.nsw.edu.au

## ES1 Healthy Jarjums

Dear Parents and Caregivers,

### *Healthy Jarjums*

<b>Date of the excursion</b>	17.02.23
<b>Where</b>	San Remo Neighbourhood Centre
<b>Time</b>	9:00am-12:00pm
<b>Teachers attending the excursion</b>	Tyson Adams, Kerry Bissaker and Sarah Rapone
<b>Key Learning Areas</b>	Aboriginal Health
<b>What to bring</b>	Wear full school uniform
<b>Cost</b>	\$0
<b>Payment due date</b>	N/A

### **Please sign and return permission slip by:**

#### Privacy Notice

The information provided on this form by you is being obtained for the purpose of this excursion. It will be used by the NSW Department of Education and Training in the case of emergency. Other persons and or agencies may be provided with this information for the purpose of emergency care. Provision of this information is required by law. It will be stored securely. You may correct any personal information provided at any time by contacting 43990167.

#### Medical Disclaimer

Parents please note there is no personal injury insurance provided by the NSW department of Education and Training for students in relation to school activities, physical education lessons or any other school activity. Parents and caregivers are advised to access 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.



Tyson Adams  
Coordinating Teacher



Nathan Forbes  
Principal

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### Healthy Jarjums

Please return the permission note to the office by Friday 10<sup>th</sup> February.

I give permission for \_\_\_\_\_ of class \_\_\_\_\_ to attend the Healthy Jarjums at *San Remo Neighbourhood Centre* on the 17.02.23

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## Medical Information Form – Healthy Jarjums

The information provided by the parents/caregiver of the child mentioned below is being obtained for the purpose of ascertaining the relevant information, requirements and other health care related needs about the child mentioned below, who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Budgewoi Public School. It will be used by officers of the NSW Department of Education and Communities 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 cannot 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. You may correct any personal information provided at any time by contacting the school office.

### Student Details

**Student Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Medicare No:** \_\_\_\_\_

### Parent or Caregiver Contact Details

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

### Doctor Contact Details

**Doctor's Name:** \_\_\_\_\_ **Doctor's Phone:** \_\_\_\_\_

### Emergency Contact(s) details (nominated by the parent or caregiver as an alternate contact)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### List medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies, etc.). Outline the treatment for each.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_