

CAMBRIDGE PARK PUBLIC SCHOOL

35 Oxford Street, Cambridge Park 2747
P.O Box 8021, Werrington, L.P.O
Dunheved Road, Werrington County, 2747
Phone: (02) 4721 2556
Fax: (02) 4721 7567

HYPE festival-Choir Rehearsal

Dear Parent or caregiver,

Students in Cambridge Park Public School Choir will be rehearsing for the HYPE Festival at Cambridge Park High School on Tuesday 2nd July 2019. This excursion has been planned to supplement the following work being done in the classroom: Creative and Performing Arts.

Students will be walking or travelling by bus to and from Cambridge Park High School to attend the rehearsal accompanied by teachers from Cambridge Park Public School. We will need to leave as promptly as possible after the morning bell.

Rehearsal Date:

Monday 2nd July 2019 Cambridge Park High School 9:30am-11:00am

Students should wear full school uniform to the rehearsal. The staff members with emergency care, anaphylaxis and CPR training are Ms Durant and Mrs Lodge.

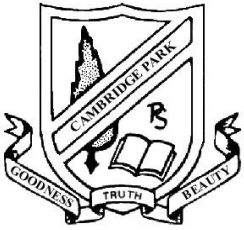
The group will be supervised by Ms Durant and Mrs Lodge.

This excursion has the approval of the principal.

The information provided on is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child 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 Cambridge Park Public School. It will be used by the NSW Department of Education 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. A failure to provide the information may mean that your child can not 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.

Mr N Bourke
Deputy Principal

Ms Durant/Mrs Lodge
Choir Coordinator(s)



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HYPE festival - Choir Rehearsal

Please detach and return to office by Tuesday 25th June 2019

I consent to of class to attend the HYPE Festival choir rehearsal on the following date at Cambridge Park High School:

Rehearsal Dates:

Tuesday 2nd July 2019 Cambridge Park High School 9:30am – 11:00am

I understand travel will be by foot to the rehearsals.

My son / daughter has the following special needs (please provide full details and include any relevant medical details)

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I understand that my child will receive medical treatment in the case of an emergency.

IMPORTANT NOTE:

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for:

- Bringing this need to the attention of the school.
- Ensuring that the information is updated if it changes
- Supplying the medication and any 'consumables' necessary for its administration in a timely way.
- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion.
- For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline auto injector (i.e. EpiPen®) for example.
- The medication should be well within its expiry date.

Signature _____
Parent / Caregiver

Date _____