

Cambridge Park Public School

35 Oxford Street, Cambridge Park NSW, 2747

PO Box 8021, Werrington County, 2747

Phone: (02) 4721 2556

Fax: (02) 4721 7567

Email: cambridgpk-p.school@det.nsw.edu.au

Schools Spectacular 2019

Dear Parents and Caregivers,

As your child was a part of the Choir/Senior Dance Groups, they have been invited to attend this year's screening of Schools Spectacular.

Students will be travelling by bus to and from the venue.

There are limited places available, to secure your child's placement please complete the permission note and return it with payment to the front office by Friday 5th July 2019. Please note it will be first in for places available.

Date: Friday 22nd November 2019

Cost: \$38

Venue: Qudos Bank Arena, Sydney Olympic Park

Time: 9am to 3pm approximately (Showtime of 11am). If we are later than 3pm a notification will be made to the School Star App

What to Wear: Full School Uniform

What to Pack: Backpacks with lunch, snacks and plenty of water.

The group will be supervised by Mrs Sirmais and Mrs Crocker.

Teachers have been trained in emergency care, anaphylaxis and CPR training.

The excursion has the approval of the principal.

Mr N Bourke
Deputy Principal

Mrs Sirmais
On Behalf of the Choir and Dance Teams

Privacy - advice

The information provided 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.

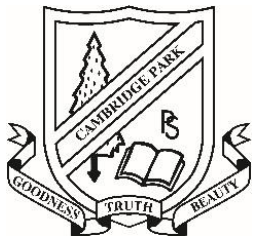
It will be used by the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

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.



Cambridge Park Public School

35 Oxford Street, Cambridge Park NSW, 2747
PO Box 8021, Werrington County, 2747
Phone: (02) 4721 2556
Fax: (02) 4721 7567
Email: cambridgpk-p.school@det.nsw.edu.au

School Spectacular 2019

Please detach and return to office with payment by 5th July 2019

I consent to of class participating in an excursion to School Spectacular on Friday 22 November 2019. I understand that travel will be by bus.

The cost of the excursion is \$38. I understand that places are limited.

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

.....

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 _____

I have made an online payment. My receipt number is _____ OR

I have enclosed cash payment of _____ OR

I wish to pay by credit/debit card.