

## 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

## Support Unit 3 Day Camp

Dear parent or caregiver,

The Support Unit will be going on a two night excursion from Wednesday 19<sup>th</sup> June to Friday 21<sup>st</sup> June 2019.

Accommodation will be at the Brewongle Environmental Education Centre at Sackville North.

This excursion has been planned to supplement the following work being done in the classroom: History/Geography, Team building, fundamental movement skills, which is located in our syllabuses.

The cost of the excursion is \$140, which includes food, accommodation and learning activities. A deposit of \$20.00 is required by Friday 5<sup>th</sup> April 2019 to secure a placement. The balance of payment for the excursion is to be finalised by Wednesday 12<sup>th</sup> June, 2019.

We will depart at 8:30am on Wednesday 19<sup>th</sup> June and return at 3pm on Friday 21<sup>st</sup> June 2019. Travel will be by mini-bus and private cars, to and from the venue.

The staff members with emergency care, anaphylaxis and CPR training are Mrs Wade and Miss Maul. The group will be supervised by Mrs Wade.

Refunds for this excursion will only be given in line with the school's refund policy.

This excursion has the approval of the principal.	
Mrs C Binns	Mrs J Wade
Principal	Excursion coordinator

## Privacy - advice

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.



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Please detach and return with payment by Friday 5<sup>th</sup> April to the office.

consent to	cify)
understand that my child will receive medical treatment in the case of an emergency.	
MPORTANT NOTE:	
<ul> <li>Then a medical practitioner has prescribed medication (including emergency medication) that will need to be dministered during the excursion, parents are responsible for: <ul> <li>Bringing this need to the attention of the school.</li> <li>Ensuring that the information is updated if it changes</li> <li>Supplying the medication and any 'consumables' necessary for its administration in a timely way.</li> <li>Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion.</li> <li>For some excursions the school will ask you to supply the medication in a different way to what ha been already been agreed to by school. You may be asked to supply an additional adrenaline auto injector (i.e. EpiPen®) for example.</li> <li>The medication should be well within its expiry date.</li> </ul> </li> </ul>	ıs
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Parent / Caregiver	
I have made an online payment. My receipt number is	