



## THE OAKS PUBLIC SCHOOL

5 Burragorang Street  
The Oaks 2570

Phone: (02) 46571185

### YEAR 2 EXCURSION TO THE OAKS HERITAGE CENTRE

Thursday 4th May, 2017

CLASSES ~ 2 Glider and 2 Spiny Anteater

Schools participate in excursions to enhance and support classroom studies. Your child's class will be going on an excursion to The Heritage Centre, The Oaks on **Thursday, 4th May, 2017** (Week 2 Term 2) and will be leaving the school at 9.30am and returning by 2.00pm. This excursion has been planned to supplement the history unit 'Present and Past Family Life' the children are studying in Semester 1.

Cost for students is \$6.00 per person. Students will be walking to and from the Centre. Mrs Godkin and Ms Stevenson will be supervising this excursion. ***Permission notes and money need to be returned by Wednesday 3rd May, 2017.***

Students can dress in olden day clothes but must wear sensible shoes as well as a hat. We will be having crunch & sip as well as lunch at The Heritage Centre. Please ensure that your child's crunch & sip, lunch and drinks are placed in a bag with their name on it.

The Heritage Centre sells souvenirs from 50 cents to \$6.00. If you can, please support this valuable service by sending some money with your child on the excursion day, so that they can purchase souvenirs from the shop.

Student assistance is available. Please see Mrs Crouch if this is required.

Thanking you.

The Year 2 Teachers  
Mrs Godkin, & Ms Stevenson  
5th April, 2017

Mrs Crouch  
Principal



### YEAR 2 EXCURSION TO THE OAKS HERITAGE CENTRE 4TH MAY, 2017

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the excursion to The Heritage Centre. I understand my child will be walking to and from the venue. Please note that EFTPOS facilities are available to use at reception during office hours.

- ☐ I have enclosed \$6 as payment for this excursion.
- ☐ I have made an online payment. My receipt number is \_\_\_\_\_ Date \_\_\_\_\_



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**THE OAKS HERITAGE CENTRE Thursday 4th May, 2017**



### MEDICAL INFORMATION FORM

The information requested below will help to provide the best possible care of your child.

- Providing this information is not obligatory, but its absence may prevent your child from participation;
- It will be used to minimise risks associated with this excursion;
- It will be seen only by those persons providing health care treatment;
- It will be stored securely and destroyed after the legal time limit has expired

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

#### Parent or Caregiver Contact Details

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

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

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

Medicare Number: \_\_\_\_\_

#### Doctor Contact Details

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

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

Doctor's Telephone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

#### Emergency Contact/s Details (nominated by the parent/caregiver as alternate contact)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List existing **medical conditions or illnesses** (including asthma, diabetes, epilepsy, allergies, etc).  
Outline the treatment for each.

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

#### Outline special dietary needs including possible reaction to inappropriate diet

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_