



THE OAKS PUBLIC SCHOOL

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Performing Arts Tour

23rd August, 2017

Dear Parents/Caregivers,

On Friday 15th September the Dance, Choir and Saxophone groups will be going on Tour! Students will be performing their items at *Carrington Nursing Home and Retirement Village* in Camden. The P and C have helped with the cost of this excursion.

Details of the excursion are listed below:

Date: Friday 15th September, 2017

Time: Students arrive at school at 9.00am

Bus leaves at **9.30am - sharp**

Bus returns approximately 2.00pm

Where: Carrington Nursing Home and Retirement Village, Camden

Cost: \$5

What to wear: Full School uniform (Choir, Senior Dance group) Dance groups (dance costumes)

*Senior dance group will get changed into their costumes at the venue

*If your child is in multiple items please ensure they bring all items needed in a clearly marked bag with their name.

What to bring: Recess, Lunch, drinks and hat *

Please return the permission note, medical form and money on or before 6th September, 2017. If you have any questions please do not hesitate to ask.

Mrs Levings, Ms Watling & Miss Salter
Performing Arts Teachers

Mrs Leeanne Godkin
Relieving Principal

Performing Arts Tour

I give permission for my child to attend the *Performing Arts Tour to Carrington Nursing Home and Retirement Village in Camden* on Friday 15th, September 2017. I understand that my child _____ of class _____ will travel to and from Carrington by bus. I have enclosed \$5.00 for the cost of the bus.

Parent/Guardian Signature

Parent/Guardian Name

Date

I have made an online payment my receipt number is _____ Date _____ 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: _____