

# THE OAKS PUBLIC SCHOOL

**5 Burragorang Street**

**The Oaks 2570**

Phone: (02) 46571185

Fax: (02) 46571704

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

**YEAR 2 EXCURSION TO THE OAKS HERITAGE CENTRE**

**Thursday 5th July, 2018**

**CLASSES ~ 2 Frangipani & 2 Yellow Bell**

Schools participate in excursions to enhance and support classroom studies. Year 2 students will be going on an excursion to The Heritage Centre, The Oaks on **Thursday, 5th July, 2018** and will be leaving the school at 9.30am and returning by 2.00pm. This excursion has been planned to compliment the history unit ‘The Past in the Present’ that the children have been studying in Semester 1.

Cost for students is $6.00 per person. Students will be walking to and from the Centre. Mrs Fowler and Miss Yeaman will be supervising this excursion. ***Permission notes and money need to be returned by Wednesday 27th June, 2018***

Students are to wear their sports uniform, including 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 most items are $5 to $10. If you can, please support this valuable service by sending some money with your child on the excursion day.

Student assistance is available. Please see Mr Hooke if this is required.

Thanking you.

The Year 2 Teachers Mr Hooke

Mrs Fowler & Miss Yeaman Principal

6th June, 2018

**✂**

**Year 2 Excursion To The Oaks Heritage Centre**

**5th July, 2018**

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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Parent/Guardian Signature Parent/Guardian Name Date

***Please return this slip & money to the Office by Wednesday 27th June, 2018.***

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| **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. |
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| Outline special dietary needs including possible reaction to inappropriate diet |
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| Medication/s to be administered during the excursion. Include name of medication for administration, time of administration and any possible reactions |
|  |
| Signature: Date: |



**The Oaks Public School**

**THE OAKS HERITAGE CENTRE Thursday 5th July, 2018**