



19th February 2018

Dear Parents,

To support our learning about the development of the Australian colonies, Year 5 will be going on an overnight excursion to Bathurst in Week 10. This excursion is a vital component of the learning that will occur within our unit of work, and it is an expectation that all students will attend. We will be staying on the Bathurst Goldfields and stopping in Katoomba on the way.

We will leave school at 6.55am on Thursday 5th April and return at approximately 4.15pm on Friday 6th April. The success of this trip depends upon everyone respecting all students and staff to ensure that the safety and learning opportunities are of benefit to all.

The cost of the excursion, which is included in your school fees, includes all travel and accommodation. Students will need to provide recess and lunch on the first day. All other food is included in the cost.

We will send a note home later in the term outlining the itinerary and suitable items to pack. Please complete the attached Permission Form and Behaviour Contract and the Confidential Medical Information Note and return them to school by Monday 26th February 2018. Please be specific about any allergies or food requirements.

If you have any concerns or queries regarding the excursion, please do not hesitate to contact us.

Thank you,

Mrs Egan, Mr Loudon and Mrs Violaris
Year 5 Teachers



Permission Form

I give permission for my child _____
from class _____ to attend the overnight excursion to Bathurst, travelling by coach
on Thursday April 5th and returning to school on Friday April 6th.

Parent's signature: _____

Date: _____

Name (print): _____

Mobile Phone _____

EXCURSION BEHAVIOUR CONTRACT

It is the expectation of the school that all children will, whilst in the care of teachers on this excursion, behave in a responsible and mature fashion and to this end we ask that parents and children read, complete and sign the following behaviour contract.

Excursion Behavioural Expectations

- Students will at all times obey the instructions of teachers and guides.
- Students will at all times show care for the personal safety and feelings of themselves and others and behave in a way that reflects our CARE Motto.
- Students will at all times show respect for the property of others.
- Students will not use inappropriate language.

If children fail to live up to these expectations parents will be notified and appropriate action will be taken.

BEHAVIOUR CONTRACT *(to be filled out by parents)*

I, _____ *(Parent's name)* have read the above expectations with my child and agree to abide by them. I agree to support the school in any disciplinary actions.

Signed: _____ Date: _____

BEHAVIOUR CONTRACT *(to be filled out by student)*

I, _____ *(Student's name)* have read the above expectations with my parents and agree to abide with them. I understand the consequences of my actions if I fail to behave in the expected manner.

Signed: _____ Date: _____



ST MARY'S SCHOOL, RYDALMERE

CONFIDENTIAL MEDICAL INFORMATION NOTE

Please complete the details below to assist us in case of any eventuality with your child at camp. All information is held in confidence and the form is destroyed after the camp.

Please complete as accurately as possible.

Is your child presently taking any medication YES / NO

If YES, please state:	MEDICATION	DOSAGE	TIME TO BE GIVEN
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

All medication must be handed to the Teacher in charge (in a plastic bag labelled with the child's name) prior to leaving for camp. **PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE WHILST ON CAMP.**

CHILD'S NAME: _____

PARENT'S ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: Home: _____ Business: _____

EMERGENCY CONTACT NAME: _____ Phone No: _____

MEDICAL FUND: _____ NUMBER: _____

MEDICARE CARD NUMBER: _____

NAME OF CHILD'S DOCTOR: _____

Address: _____ Phone No: _____

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

Bed Wetting Fits of any type Migraine Dizzy Spells Asthma

Heart Condition Sleepwalking Blackouts Travel Sickness Other

If "Other" please state: _____

ALLERGIES TO: Penicillin: _____ Any Foods: _____

Drugs: _____ Other: _____

What special care is required? _____

Last Tetanus Immunisation was? _____

If over 10 years since last Immunisation, please tick if booster is to be arranged by parents before camp

Booster Date: _____

Any special dietary requirements: _____

Is this the first time your child has been away from home? YES / NO

I authorise the teacher in charge of the camp, where it is impossible to get in touch with me, to consent to the child receiving such medical or surgical treatment as is deemed necessary.

Signed: _____ (Parent / Guardian)



February 19, 2018

Dear Parents and Caregivers,

On our trip to Bathurst, and occasionally at other times, we would like to screen an appropriate DVD. Some of these DVDs are rated PG e.g. The Lego Movie, Zootopia, The Jungle Book.

If you are happy for your child to watch PG rated DVDs, please sign this form and return it to the class teacher.

With thanks,

Debbie Egan, Troy Loudon and Adele Violaris
Year 5 Teachers



I am happy for my child to watch appropriate PG rated DVDs.

Child's Name _____ Class: _____

Parent Name: _____ Signature: _____

Date: _____