



Rutherford Public School

Respect, Responsibility, Personal Best



Education

PO Box 312
Weblands Street
Rutherford NSW 2320
Phone 4932 5900
rutherford-p.school@det.nsw.edu.au

28th February 2019

Year 3 and K/6J Excursion Blackbutt Nature Reserve

Dear Parents/Carers

This term, we are planning to visit Blackbutt Nature Reserve as part of our "Environments/Habitats" Unit on Wednesday 3rd April 2019. This will be included in our integrated units of work in the classroom.

Where	Blackbutt Nature Reserve – Carnley Avenue, Kotara
When	Wednesday 3 rd April 2019
Leaving from	Rutherford Public School – Weblands Street, Rutherford
Leaving Promptly at	9:30am
Cost	\$6.50 per child which is for the bus.
Returning by	We will be back at school by 3:00pm
Transport Details	We will be travelling with Diggers Shuttle Service
What to Wear	School uniform, school hat, sunscreen. Students should also apply insect repellent before coming to school. Please make sure all items of clothing are labelled.
What to Bring	Plenty of water, packed fruit break, lunch and recess. There is No access to food at the venue. Please place these into a disposable bag with your child's name on it. No school bags are required on this day.
Payments	Cash in an envelope marked with your child's name and class. No POP or EFTPOS payments please
Permission and Medical Note	Must be returned to your class teacher by Wednesday 27 th March 2019.

Thank you

MRS A JOHN, MRS N CURTIS, MS T CLARKSON,
MRS R SPALDING, MISS S BRAY AND MS K JACKSON
Year 3 Teachers

MR A BROWN
Principal

Blackbutt Nature Reserve Year 3 and K/6J
Please return to your Class Teacher by Wednesday 27th March 2019

- I give permission for my child _____ of class _____ to attend Blackbutt Nature Reserve on Wednesday 3rd April 2019.
- I understand the cost of the excursion \$6.50 and that transport is via seat-belted coach.
- I have enclosed \$6.50 cash as payment for this excursion

In the event of accident or illness, I authorise the obtaining on my behalf such medical assistance as my child may require. I also authorise the administering of anaesthetic if it is deemed necessary by the Medical Officer attending.

Signature Parent/Carer _____ Date _____

Medical information form

The information provided 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 is participating in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Rutherford Public School.

It will be used by officers of 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.

Provision of this information is not required by law. However, 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.

Student Name _____ Class _____ Medicare number _____

Parent/Carer contact details

1. Name _____ Phone _____

2. Name _____ Phone _____

Emergency contact(s) details (nominated by the parent/carers as alternate contact)

1. Name: _____ Phone _____

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

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

Signature Parent/Carer _____ Date _____