

Dear
Parent/Guardian,

Today's Date: 12/06/2017

Below are the details of an upcoming Excursion / School Activity involving your child:

Excursion Name: Outdoor ACTIVE ED Sports day Mangrove Mountain		Class/Group	Support Unit
Destination: ACTIVE ED Camp. 2180 Wisemans Ferry Road, Mangrove Mountain. http://www.outdoorednsw.com.au		Date of excursion : Friday 04/08/2017 Week 3, Term 3	.Cost: \$5
All notes must be handed to classroom Teacher by:		Date: 30/06/2017	
Organising teacher: Kelli Price	Email: kelli.price3@det.nsw.edu.au		
<p>**BWSC Umina has completed a Risk Assessment for this excursion which can be provided to parents if requested**</p> <p>Excursion description: 04/08/2017 ACTIVE ED outdoor Education camp site, come try sports day at 2180 Wisemans Ferry Road, Mangrove Mountain.</p> <p>Privacy Advice Notice: The information provided on your child is being obtained by the School 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 who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Brisbane Water Secondary College. It will be used by Officers of the NSW Department of Education and Training to assist planning, to support students and to minimise risks when conducting school excursion, sporting or other 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 cannot 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. You may correct any personal information provided at any time by contacting the School office.</p>			

**** Important Note: Whilst excursion refunds will only be given in extenuating circumstances, NO refund will be given for bus COSTS ****

Departure details:	Time: After roll call	Location:	BWSC Umina
Return details:	Time: 2:15pm	Location:	BWSC Umina
Transport:	Travel by: School Bus/Teacher's vehicle please tick travel options on the attached permission slip.		
Dress Requirements:	PE Uniform including hat/joggers.	Other Requirements:	Bottle of water, school jacket, hat, morning tea.

Kelli Price

Excursion Co-ordinator

Matthew O'Keefe

Head Teacher

Permission Note for 04/08/2017 ACTIVE ED outdoor Education camp site, come try sports day at 2180 Wisemans Ferry Road, Mangrove Mountain.

Student name:

Roll call class:

Cost Centre Number:107

<input type="checkbox"/> I hereby consent to my child attending the Outdoor Education excursion and travelling by : Please tick all travel options that you agree to: <input type="checkbox"/> <input type="checkbox"/> Mini Bus driven by Matthew O'Keefe/Linda Martin, <input type="checkbox"/> <input type="checkbox"/> Private transport driven by Kelli Price, <input type="checkbox"/> <input type="checkbox"/> Private transport driven by Lynda Jacobsen, <input type="checkbox"/> <input type="checkbox"/> Private transport driven by Linda Martin <input type="checkbox"/> <input type="checkbox"/> Private transport driven by Matthew O'Keefe, on 04/08/2017 to ACTIVE ED outdoor Education camp site, come try sports day at 2180 Wisemans Ferry Road, Mangrove Mountain. I consent to my child being responsible for completing missed work whilst participating on this excursion and for demonstrating appropriate behaviour.	
Emergency Contact name:	Emergency Contact Ph number:
Signed:	Date:

Medical condition (circle if applicable) Asthma Anaphylaxis Allergies
Does the medical condition indicated, require an action plan? YES / NO

Other :
Medicare Number :

Cost Centre 107:

Office Use only: