



Dear Parent/Guardian,

Today's Date: 05/06/2017

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

Excursion Name:	Senior First Aid	Group:	PASS/OED
Destination:	BWSC Umina	Date:	01/09/2017
		Cost:	\$50 ALREADY PAID THROUGH ELECTIVE FEES. Note: If elective fees have not been paid students must pay at least \$50 of fees by the 10 <sup>th</sup> of August
All notes and payments (or advice of online receipt number) must be returned to Student Reception and finalised by		Date:	10/8/17
Organising teacher:	Mr R Myszkowski	Email:	

**\*\*BWSC Umina has completed a Risk Assessment for this excursion which can be provided to parents if requested\*\***

**Excursion description:** Students will complete the whole day Senior First Aid course at School. This course will run through normal bell times. The course will include both a theoretical component and a practical component with an assessment completed at the end. Students **MUST** bring with them on the day:

**Student First Aid Workbook + First Aid Manual + Unique Student Identifier Number (USI completed at home online).**

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.

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

Start time:	8:40am	Location:	BWSC Umina
Finish time:	2:40pm	Location:	BWSC Umina
Dress Requirements:	Full school uniform	Other Requirements:	NOTE: Students will have 2 lessons during class time to complete the student workbook to gain a prior knowledge of first aid procedures. This workbook <b>MUST BE HANDED IN ON THE DAY COMPLETED TO GAIN FIRST AID QUALIFICATION.</b> If students miss a lesson or do not complete their workbook in class, this must be completed at home.

teacher name  
Mr R.Myszkowski

Excursion  
Co-ordinator

Head Teacher name  
Mrs A.Jackson

### Senior First Aid Course Permission Note

Student name:

Roll call class:

I hereby consent to my child attending the Senior First Aid Course on 01/09/17. I consent to paying the cost of \$50, which is inbuilt in my child's elective fee. 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

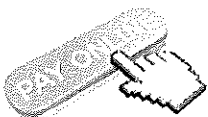
Other :

Does the medical condition indicated, require an action plan? YES / NO

Medicare Number :

Online payment receipt number Amount : \$

Office Use only:



\*Proceed to BWSC Umina website (Make a Payment)