



Rosary Primary School



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7TH December, 2017

Dear Parents and Guardians,

Early next year your child will attend a Sport and Recreation school camp at Jindabyne Sport and Recreation Centre.

Prior to the camp all students must complete a Medical and Consent Form.

PLEASE NOTE: this form is in **addition** to the school permission note.

The information that Sport and Recreation needs about your child includes:

- medical conditions
- food related allergies
- special diets
- medication
- emergency contact details
- media consent

Sport and Recreation needs you to complete this form on behalf of your child. The form is available online and is easy to complete. Once you submit the form the information is sent to the Centre so the staff can prepare for your child's visit.

Please complete the Medical and Consent Form at:

<https://sportandrecreation.nsw.gov.au/facilities/medicalandconsentform>

It is vital that you enter the following details to complete the online form by **Wednesday, 7 February, 2018**

Booking Number **516343**

Booking Start Date **28/02/2018**

Booking Venue **Jindabyne Sport and Recreation Centre**

For information on camp life and what to pack, go to

sportandrecreation.nsw.gov.au/schoolcampparentinfo

Regards

The 2018 Year Five Team



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Year 5 Excursion to Jindabyne Sport and Recreation Centre

Date: Wed 28th February – Fri 2nd March 2018

STUDENT DETAILS:

Name of Student: _____

Date of Birth: ___/___/___

Home Phone No: _____

Mother's Name: _____

Work Phone: _____

Mobile: _____

Father's Name: _____

Work Phone: _____

Mobile: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Relationship: _____

Medicare No: _____

Private Health Insurance. _____

STUDENT MEDICAL DETAILS:

Date of last Tetanus injection: _____

If your child has asthma please complete the attached School Camp Asthma Management Plan.

Details:

- | | |
|--|----------|
| 1. Heart Problems | YES / NO |
| 2. Respiratory Problems | YES / NO |
| 3. Allergies | YES / NO |
| 4. Travel Sickness | YES /NO |
| 5. Blood Pressure | YES / NO |
| 6. Phobias | YES / NO |
| 7. Bed Wetting | YES / NO |
| 8. Operations | YES / NO |
| 9. Recent Illness | YES / NO |
| 10. Drugs Required | YES / NO |
| 11. Drugs Reactions (e.g. Penicillin Allergy) | YES / NO |
| 12. Other Information | YES / NO |
| 13. Ambulance Insurance | YES / NO |
| 14. Special Dietary Needs – please indicate _____ | |
| 15. If answer is YES to any of the above please detail additional information (e.g. Treatment plans, etc). | |

WATER EXCURSION PERMISSION

This excursion involves water activities – Canoeing and Raft-building. Please complete the section below allowing your child to participate in the water activities.

I give permission for my child _____ of (class) _____ to participate in water activities during the Yr 5 Camp to Jindabyne Sport and Recreation Centre.

Please indicate your child's swimming ability by signing the appropriate description.

My child is a:

- strong swimmer _____ (signature)
- average swimmer _____ (signature)
- poor swimmer _____ (signature)
- non-swimmer _____ (signature)

What distance can your child swim without a floatation device? _____ m

PARENTAL CONSENT:

As Parent/ Guardian of _____ I give my consent for him/her to participate in the Yr 5 excursion (Jindabyne Sport and Recreation Centre) and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take appropriate disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I submit the attached medical information about the abovementioned student and include details of limitations, which he/she has for the activities concerned.

If I cannot be contacted to give approval for medical assistance I authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur. If I am unable to be contacted to give approval, I further authorise qualified medical practitioners to administer anesthetic if such an eventuality arises. I agree to pay all medical expenses incurred on behalf of the abovementioned student.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I agree that if my child seriously contravenes behavioural expectations he/she may be immediately excluded

Parent/Guardian Signature: _____ **Date:** _____

Contact Phone Number : _____