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19 February 2018

Dear Parents/Carers

Canberra Excursion - 10-11 May 2018

Preparations for our Year Six Canberra excursion are well underway and the students are all very excited and eager to learn about our **Federal Government** and the benefits that come from living in a democratic society.

PLACES OF INTEREST

The trip will be for two days and one night and the students will visit attractions such as:

- Parliament House
- The Australian War Memorial
- Old Parliament House
- Electoral Education Centre
- Questacon
- Institute of Sport

COST

The cost for the excursion has been included in your school fees. This price is all inclusive of attractions, accommodation and food (with the exception of McDonalds on the return trip home, along with any small purchases they might make at Questacon).

MEDICATION

Could we please ask that you fill in and return the attached **Medical Advice Form**. Please tear off and keep the **Administration of Medication** note. The **Administration of Medication** note is to be completed and handed to your child's teacher, together with the prescribed medication, **only if your child is to take any medication while we are on our excursion**. This includes any medication for travel sickness. Please also let your child's class teacher know if your child suffers from travel sickness (so they can be seated near the front of the bus).

UNIFORM & OTHER REQUIREMENTS

Students attending the Canberra Excursion are required to wear their Year Six polo and winter school tracksuit on the Thursday, and their full winter school uniform on the Friday. We expect very cold mornings and nights on the excursion, as the average temperature in Canberra in May ranges from approximately 4°C through to a maximum of 16°C. Therefore, students might also like to bring a warm jacket, warm gloves, a beanie and a scarf. Please ensure that your child's name is on all clothing. Other requirements are pyjamas, underwear, socks and toiletries (such as toothbrush, toothpaste, hairbrush, comb and roll-on or stick deodorant *no aerosol cans). Towels are included as part of the accommodation package.

TECHNOLOGY

Students are permitted to take cameras and small hand held games, but please be aware that any such item is the student's responsibility. **No mobile phones are to be taken on the excursion.** If we need to contact you for any reason whatsoever, we will not hesitate to do so. If for any reason you need to contact your child or their teacher, please ring the school and they will contact us via the school mobile.

LUGGAGE

Luggage is limited to two bags per student - one smaller bag that will go on the coach as hand luggage and an small overnight bag that will be placed under the coach (students will not have access to this bag until 7:30 pm on the Thursday night). The hand luggage needs to carry a student's morning tea, lunch, afternoon tea and 2 bottled water for the first day, as well as items such as a camera, tissues, beanie, gloves, scarf and any other items that are needed during the day. All other items are to be placed in the overnight bag. Please attach a ribbon or tag to the overnight bag in order to facilitate easy recognition when bags are collected.

DEPARTURE AND ARRIVAL

Our coach will leave school at 6.30 am so **students must be at school by 6:15 am on the Thursday morning.** Please **be punctual** on the morning of the excursion as **we will not be able to wait for late arrivals** due to our tight schedule. Our scheduled arrival time at school on **Friday evening is 7:30 pm.** If there is an unexpected delay, we will ring forward to the school and a message will be sent via the Skoolbag app.

Please do not hesitate to contact us with any concerns regarding your child, or further clarification in relation to any aspect of the excursion. Hoping all planning and correspondence regarding the Canberra excursion has provided all information necessary for you as parents.

Please fill out the permission slip and medical form over the page and return it to school by Friday, 16 March.

Kind regards

Julianne Green
Stage Three Co-ordinator

Frances Garzaniti
Principal

PERMISSION FORM - Canberra Excursion – Thu 10 May – Fri 11 May 2018

I do / do not give permission for my child, _____, of class _____,
to attend the two-day excursion to Canberra on 10-11 May, 2018.

I understand that if my child is not appropriately behaved during the excursion I may be required to travel to Canberra to collect him / her.

Parent/Carer's Name: _____

Parent/Carer's Signature: _____ Date: _____

Medical Advice Form

Child's Name: _____

Child's Address: _____

Child's Date of Birth: _____

Contact Telephone Numbers:

Home: _____ Mother: _____ Father: _____

Other Contact Details (if parents not able to be contacted):

Name: _____ Relationship: _____

Telephone: _____

Medical Information

1. Is your child in good health? Yes / No (please circle appropriate response)

2. Does your child suffer from (please tick as appropriate):

- asthma?
- any allergic condition?
- a skin condition?
- diabetes
- epilepsy/blackouts?
- a known adverse reaction to any drug?

If you have ticked any of the above please provide details below.

3. Does your child wet the bed? Yes / No If so, how often? _____

4. Has your child been fully immunised against Tetanus? Yes / No

Date of last booster (MM/YY): _____

5. Medicare Number: _____

6. Are you a member of a private health fund? Yes / No

If yes, Fund Name: _____ Membership Number: _____

7. Do you have ambulance cover? Yes / No

Important: *In the event of an accident or illness, I authorise the school to act on my behalf to provide medical assistance as my child may require. I also undertake to pay medical fees and/or costs for medications which may be incurred while my child is receiving medical attention.*

Parent/Carer's Name: _____

Parent/Carer's Signature: _____ Date: _____

ADMINISTRATION OF MEDICATION FORM – Year 6 Canberra Excursion

(to be completed and handed to class teacher with medication on the morning of excursion if required)

Child's Name: _____

Child's Class: _____

Date: _____

Prescribed Medication/purpose:

Dosage:

Date(s) and Time(s) to be administered:

Parent/Carer's Name: _____

Parent/Carer's Signature: _____

Date: _____