NIANGALA PUBLIC SCHOOL

Dubbo – Taronga Western Plains Zoo/Wellington Caves/Old Dubbo Goal/Royal Flying Doctor Service - Years K-6

19 – 22 September 2022

 Student Consent Note

I consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participating in the educational excursion to **Dubbo** from **Monday 19th September to Thursday 22nd September 2022.**

I understand that this is an overnight excursion – 3 nights.

I understand that my child/children will be accommodated at theDubbo Discovery Parks, 154 Whylandra Street, Dubbo.

I understand that my child/children will be transported by bus, driven by Hannah Crawford, Tobi Harris and Aaron Ham.

I understand that my child/children are required to abide by the DoE Behaviour Code for Students while on the excursion.

**I understand that my child/children will be required to have a negative Rapid Antigen Test on the morning of Monday 19th September, and if they display any flu/cold like symptoms during the week they will be tested again and if positive will be isolated until a parent/caregiver can organise to pick them up.**

I give permission for my child/children to receive medical treatment in case of emergency.

…………………………………….. ………………………….

Signature of parent/carer Date

**Medical Information**

Student name: ................................................................

Medicare number (optional): ...........................................

Parent or caregiver contact details:

 Name: ..........................................................................................

 Phone: Home: ...............................................

 Work: .................................................

 Mobile: ...............................................

Doctor Contact Details: Name: ..........................................................................................

 Address: ..........................................................................................

 ...........................................................................................

 Phone: .............................................................................................

Emergency alternate contacts:

Name: ................................................................................ Phone: ............................................

Relationship to child: ......................................................... .............................................

Name: ................................................................................ Phone: ............................................

Relationship to child: ......................................................... .............................................

Existing medical conditions or illnesses and outline of treatment: ........................................................

...............................................................................................................................................................

...............................................................................................................................................................

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

...................................................................................................................................................................

...................................................................................................................................................................

Special dietary requirements: ...............................................................................................................

...............................................................................................................................................................

Is there anything else we need to know when taking your child on an overnight excursion?

……………………………………………………………………………………………………………………

**SWIMMING CONSENT (if warm enough there may be the opportunity to swim either in the accommodation pool or Dubbo Aquatic Centre)**

My child is permitted to go in the water (please tick appropriate box below)

* **a non-swimmer:** my child is unable to swim
* **a weak swimmer:** my child is comfortable and confident in shallow

water but cannot swim very well

* **an average swimmer:** my child is a reasonable swimmer but is not very

 strong or confident in deep water

* **a strong swimmer:** my child is a strong swimmer and is very confident

 in deep water

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

 Parent’s/Carer’s name Parent’s/Carer’s signature