Dear Parent,

Your child has been invited to attend the following activity:

**Excursion/Performance/Activity:** Dress rehearsal for school concert

**Venue:** Wangi Wangi Workers Club

**Date(s):** Wednesday, 25th November, 2015

**Time:** 9.30am to 2.30pm

**Travel will be by:** Bus

**Please provide:** Lunch, drinks and snacks for the day.

**Cost:** $2.50

Signed: _________________________________ (Parent/Guardian) Date: _____________.

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**Medical Disclaimer**

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area, and state school sport associations when deciding whether additional cover, above that provided by Medicare, is required.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

I give permission for my child ________________________________ to attend the dress rehearsal at Wangi Wangi Workers Club on Wednesday, 25th November, 2015.

I enclose $2.50 bus fare.
Arcadia Vale Public School

DAY TRIP MEDICAL FORM

Parent/Guardian should complete this form accurately as it will be taken on the excursion and will be the basis for contact or action in the event of emergency.

Child’s Name: ................................................................. Class: .........................

Home Address: ..............................................................................................................

Telephone No: .................................................................

Another Contact: (In the case of no parent/guardian at home.)

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

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

Telephone: .................................................................

MEDICAL

In the event of an emergency can a Doctor be consulted? YES / NO

Ambulance used? YES / NO

Does your child have any Medical Condition we should be aware of? YES / NO

(If yes, details please.)

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Is your child allergic to any drugs or bites? YES / NO

(If yes, details please.)

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Is your child taking any regular medication? YES / NO

(If so, please detail medicine and reason for administration.)

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NOTE: Children taking regular medicine should hand same to a supervising teacher in a container clearly labelled with name and, if necessary, details for administration. Supervising teacher will ensure medication is taken.

Date of child’s last tetanus injection: .........................

Medicare No: .................................................................

Signed: ___________________________ (Parent/Guardian) Date: _____________________