

Canterbury South Public School
20 High Street Canterbury, NSW 2193
Phone: (02) 9789 5255
Fax: (02) 9718 8006
Email: canterburs-p.school@det.nsw.edu.au
Website: www.canterbursp.schools.nsw.edu.au



**CANTERBURY SOUTH
PUBLIC SCHOOL**

STAGE 3 CANBERRA EXCURSION PERMISSION NOTE

TEACHERS IN CHARGE OF THE EXCURSION: Mr Sanchez, Mrs Mills & Mr Dimitrakis

REASON FOR EXCURSION: This excursion links with our History unit "Australia as a Nation".

VENUES: Museum of Australian Democracy, Parliament House, Questacon, National Abortorium, National Zoo and Aquarium & Mount Ainslie Lookout

DATES: Monday 5 September and Tuesday 6 September 2022

TIME OF DEPARTURE: Monday 5 September at 6:00am SHARP

TIME OF ARRIVAL BACK AT SCHOOL: Tuesday 6 September approximately 6.00pm.

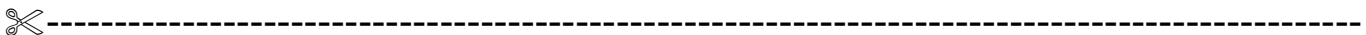
COST: \$240.00 (Deposit \$60 June, instalment July \$60 and final payment August \$120).

CLOTHING: Comfortable clothing for both days plus a change of clothing for evening activities. Clothing should be neat, comfortable, and appropriate.

CHILDREN WILL NEED THE FOLLOWING: Snacks for in between meals, a water bottle, lunch for Day 1 and money (\$10) for McDonalds comfort break on the return journey for Day 2.

MODE OF TRANSPORT: Coach.

DATE OF RETURN OF PERMISSION SLIP: To secure a place please ensure you return the slip below by **Friday 24 June 2022 with your deposit of \$60.**



Canberra Excursion

I give permission for my child in classto attend the Canberra excursion on Monday 5 September and Tuesday 6 September 2022

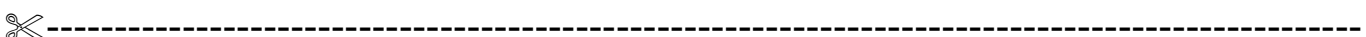
I understand the travel will be by coach.

PARENT SIGNATURE:

AMOUNT ENCLOSED: \$60

POP Receipt No:

Date:



Canberra Excursion

My child in class will not be attending the Canberra excursion on Monday 5 September and Tuesday 6 September 2022.

PARENT SIGNATURE:

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Medical Information Form

Please complete **in English** and return to school by
Date for return of form
Privacy Advice

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who may participate in excursions, sporting activities or other educational or school activities conducted by or in conjunction with your school.

The information 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 excursions, sporting or other school activities.

Other persons or agencies that may be provided with 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 can not participate in a particular excursion or school activity. In such circumstances the school will make available an alternative educational experience.

Provision of the information will significantly assist the school in planning a safer educational activity.

This information 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 at any time by contacting the school office.

Student Name _____ Class _____

Medicare Number - optional _____

Parent or caregiver contact details

Name: _____

Address: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

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Doctor Details:

Name: _____

Address: _____

Doctor's telephone: 1. _____ 2. _____

Emergency alternative contact/s details

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

ENGLISH

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.).
Outline treatment for each.

Outline special dietary needs including possible reaction to inappropriate diet.

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

Signature of parent or caregiver: _____ Date _____