



Manilla Central School

Postal Address: PO Box 187 MANILLA 2346

High School
Wilga Ave MANILLA 2346
Phone: 6785 1184
Fax: 6785 2138

Primary School
Court St MANILLA 2346
Phone: 6785 1599
Fax: 6785 1705



Dear parent/carer

Your child has been selected to attend an excursion to **Year 7 Lake Keepit Peer Support Camp** at **Lake Keepit Sport & Recreation Centre** on **Thursday 8th of February 2024** to **Friday 9th of February 2024**.

This excursion has been planned for **Wellbeing**.

The excursion will cost **\$100.00**

The class will depart from **Manilla Central School Thursday 8th of February 2024 at 9am**

The students will return to **Manilla Central School Friday 9th of February 2024 at 3pm**

Travel will be by **Bus**

The students will be supervised by staff members **Mr Justin Connors, Mr Tim Rowe & Miss Chloe Shultz**

Students will need the following items on this excursion:

- Sleeping gear – Sheets, sleeping bag & pillow
- Towel, hat, swimmers, drink bottle & old joggers (to be worn in mud)
- Spare clothes & toiletries
- *** Lollies & Soft drinks are not allowed on the excursion****

Overnight excursion advice

Accommodation will be at **Lake Keepit Sports & Recreation Centre**

Travel will be by **Bus**

The group will be supervised by **Mr Justin Connors, Mr Tim Rowe & Miss Chloe Shultz**

In the event of an emergency during school hours, please contact the school on 6785 1184. If it is after hours, please phone **0436 620 574 (Secondary)**.

Students **may** bring mobile phones on the excursion and are required to comply with our Yondr Mobile Phone Policy. Manilla Central School takes no responsibility for any loss or damage.

Swimming or water activities advice

This excursion will involve swimming or water activities. For further details, please read and sign the attached swimming or water activities form.

Privacy advice

The NSW Department of Education is collecting the information requested on this form. The information is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Manilla Central School.

The school will use this information to plan, support students, and minimise risks when conducting the school excursions or other related school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in planning or delivering the excursion, sporting or other school activity; and persons that may be called on to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is voluntary, however, if you do not provide all or any of the information requested, your child cannot participate in the excursion. In such circumstances, the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It 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 provided at any time by contacting the school office on 67851184.

Rachael Ferguson
Relieving Principal
Date: 17/11/2023

Justin Connors
Coordinator

Please complete the attached consent and return to **the office by 5th of February 2024**



Manilla Central School

Postal Address: PO Box 187 MANILLA 2346

High School
Wilga Ave MANILLA 2346
Phone: 6785 1184
Fax: 6785 2138

Primary School
Court St MANILLA 2346
Phone: 6785 1599
Fax: 6785 1705



Manilla Central School Excursion Consent Form

I consent to (student name) _____ of year _____
participating in an excursion to **Year 7 Lake Keepit Peer Support Camp** at **Lake Keepit
Sport & Recreation Centre** on the **8th of February 2024** till the **9th of February 2024**.

Please tick

Medical Information Form (attached) is completed

Swimming/water activity advice form (attached) is completed

I understand that my son/daughter will stay overnight at Lake Keepit Sport & Rec

I consent to my child receiving medical treatment in the case of an emergency

Payments can be made via the Parent Portal or from the payment request sent to you via email:

Enclosed is **\$100** for the above excursion – please pay to the office.

OR

I have made an online payment for **\$100** via Parent Portal or the emailed Payment Request

My **receipt number** is _____ Date: _____

Parent/Carer full name: _____

Parent/Carer signature: _____ Date: _____



Manilla Central School
Medical Information Form
Excursion: Year 7 Lake Keepit Peer
Support Camp



Excursion Date: Thursday 8th of February 2024 till
Friday the 9th of February 2024

*Please complete the details below and provide any relevant medical and/or dietary details in full – please add another page if more space is required. This form should be returned to the school by **date 2023**.*

Student Details

Name of Student: _____

Address: _____ Suburb: _____ Postcode: _____

Age: _____ Date of Birth: _____ / _____ / _____

Medicare Number: _____ Reference: _____ Expiry: _____

Parent/Carer Contact Details

Parent/Carer Name: _____

Telephone: (Home): _____ (Work): _____ (Mobile): _____

Doctor Contact Details

Name of Doctor: _____

Address of Doctor: _____

Doctor's Phone Number: _____

Emergency Alternative Contact Details

Name of Emergency Contact 1: _____ Telephone: _____

Name of Emergency Contact 2: _____ Telephone: _____

Medical Information

List any medical conditions or illnesses (for example asthma*, diabetes, epilepsy, allergies**, anaphylaxis**) and outline the treatment for each.

* **Please attach a current Asthma Action Plan for your child, if applicable**

** **Please attach a current ASCIA Action Plan for Anaphylaxis or Allergic Reactions, if applicable**

Outline any special dietary needs including possible reaction to inappropriate diet.

List any medication/s to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions. **PLEASE ENSURE MEDICATION IS GIVEN TO OFFICE STAFF PRIOR TO DEPARTURE.**

Name of Medication	Administration Instructions/Dosage	Times to be administered	Possible reactions

I understand that my child will receive medical treatment in the case of an emergency.

I understand that when a medical practitioner has prescribed medication (including emergency medication, for example insulin) that will need to be administered during the excursion, parents/carers are responsible for:

- bringing this need to the attention of the school
- ensuring that the information is updated if it changes
- supplying the medication and any necessary 'consumables' for example insulin syringes or EpiPens® for administration (any medication should be well within its expiry date and correctly labelled)
- collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion.

Please note: for some excursions, the school may ask parents to supply the medication in a different way to what has already been agreed to by the school. For example, parents may be asked to supply an additional adrenaline autoinjector (EpiPen®).

Name of parent/carer (please print) _____

Signature of parent/carer _____ Date _____

Swimming activity advice for domestic excursions (Information for the teacher appears in English only)

Advice to be completed by parents/carers for excursions involving swimming or activities actively undertaken in or on water as listed in the ‘[Sport safety guidelines](#)’. This may include, but is not limited to activities such as canoeing and kayaking.

Swimming activity advice form

Dear parent/carer

An excursion is being planned for your child’s class to supplement work being done in the classroom. The excursion will involve the swimming activities listed below. Students may choose not to swim, however it is important for organisers to know a student’s swimming ability in case of emergencies or accidents.

Organising teacher to complete

Name of student _____ Excursion destination _____

Excursion date/s From: _____ To: _____

Teacher to list swimming activities below:

Activity	Date	Location

Declarations by parent/carer

Please complete the information below and return this form to your school with the ‘Excursion consent form’. (Mark one box only and leave all the others blank.)

1. In relation to the proposed swimming activities, I advise that my child is a:

Non-swimmer: My child is not able to swim.

Weak swimmer: My child is not a confident swimmer or is not comfortable in the water.

Average swimmer: My child is a reasonable swimmer but is not very strong or confident in deep or fast water.

Strong swimmer: My child is a strong swimmer and is very confident in deep or fast water.

2. In relation to the proposed swimming activities, I advise that:

(For each line, mark one box only and leave the other box blank.)

a. My child is able to tread water. Yes No

b. My child is able to float on water. Yes No

I understand students may have to undertake a swimming proficiency test.

3. I have completed the above information regarding swimming activities.

(Mark one box only and leave the other one blank.)

I consent to my child participating in the swimming activities.

I **do not** consent to my child participating in the swimming activities.

Name of parent/carer (please print) _____

Signature of parent/carer _____ Date _____

Telephone Interpreter Service

If you require more information please call the school. If you need an interpreter to assist you with your enquiry please call the telephone interpreter service on 131 450 and ask for an interpreter in your language. The operator will call the school and get an interpreter on the line to assist you with the conversation. You will not be charged for this service.