



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 Parents/Caregivers,

As a way of providing an opportunity to those students who were not able to participate in the Primary Swimming Carnival and to recognise the great start all students have had to the year, Manilla Central School will be attending Lake Keepit Water Park and Recreation area for a day of activities.

All Year 5 and 6 students are able to attend this day, which will be held on **Friday, 1st March, 2024**.

The bus will leave the Primary site at 9:30am and return to school around 2:30pm.

The cost of this excursion is **\$2**, which will cover each students entry to the park. The school will be covering the cost of transport to and from Lake Keepit.

Students will need to wear school sports uniform. They will also need a hat, drink bottle, morning tea, lunch and clothing appropriate for swimming. Students will not have the ability to make any purchases at this venue, therefore spending money is not required.

Could you please complete the attached permission notes and return to the school, by Wednesday, 28th February, 2024.

Congratulations on your hard work and fantastic start to the year.

Yours sincerely

Mr Dale Scott
Assistant Principal

Mr Shane Kelly
Principal

20th February, 2024

Term 1 Year 5-6 Excursion
Friday, 1st March, 2024 (Term 1, Week 5)

I give permission for my child.....in
class..... to participate in the Year 5-6 excursion on **Friday, 1st March, 2024**. I understand travel will be by bus.

I have enclosed \$2.00

OR

I have paid online and my receipt number is

I **do / do not** (please circle) give permission for my childin

**List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies or any other conditions).
Please outline the treatment for each.**

class..... to receive medical treatment in case of emergency.

Parent/Caregiver name:

Signature: Date:

This permission form must be returned by **Wednesday, 28th February, 2024.**



Manilla Central School
Medical Information Form
Excursion: Lake Keepit Water Park



Excursion Date: Friday, 1st March, 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 **Wednesday, 28th February, 2024.***

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.

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 Lake Keepit

Excursion date/s From: 1st March, 2024 To: 1st March, 2024

Teacher to list swimming activities below:

Activity	Date	Location
Water Park Activities	1st March, 2024	Lake Keepit

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.