



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 expressed interest to participate in **Secondary Netball Schools Cup** to be held at the **Sports Dome, Tamworth** on **Thursday 15th May 2025**.

This excursion has been planned for **Sport** curriculum learning area.

The excursion will cost **\$20.00**.

The class will depart from **Manilla Central School** at **8:00 am**.

The students will return to **Manilla Central School** by **3:30pm**.

Travel will be by **bus or private vehicle with parent**.

The students will be supervised by staff members **Mrs Lynch, Miss Kemp (SSO) and Mrs Daley**.

Students will need the following items on this excursion:

- full sports school uniform (please pack warm clothing)
- snacks, lunch and adequate water to be brought from home
 - (canteen may be available)
- Sunhat and sunscreen

Sporting Excursion

Representing Manilla Central School is an important responsibility and a privilege. The "Sporting Code of Conduct" is designed to provide guidance relating to the behaviours expected of a representative of our school. Please read and sign the attached Code of Conduct. Please ensure your child also reads and signs the Code of Conduct.

Accident insurance information

In the event of injury, no accident or medical insurance cover is provided by the NSW Government Treasury Managed Fund for students participating in school sporting activities, physical education lessons or any other school endorsed activity, unless there is a breach of duty of care by department or school staff. The NSW Department of Education is insured to meet the financial impact of any legal liabilities arising from its activities. It does not provide, nor has it ever provided, accident or medical insurance for students enrolled in government schools.

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.

Shane Kelly

Mr Shane Kelly
Principal
Date: 02/05/2025

Athena Gerakiteys

Athena Gerakiteys
Coordinator

Please complete the attached consent and return to **the office** by **Monday 12th May 2025**



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Manilla Central School Excursion Consent Form

I consent to (student name) _____ of year _____
participating in the **Secondary Netball Schools Cup** at the **Sports Dome, Tamworth** on
Thursday 15th May 2025 from **8:00am to 3:30pm**

Please tick

Medical Information Form (attached) is completed ☐

Sporting Code of Conduct (attached) is completed ☐

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

I understand I am required to register my child through Play HQ ☐

I understand my child will travel via bus or private vehicle with parent ☐

My child will be travelling with _____

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

☐ Enclosed is **\$20** for the above excursion – please pay to the office.

OR

☐ I have made an online payment for **\$20** via Parent Portal or the emailed Payment Request

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

Parent/Carer full name: _____

Parent/Carer signature: _____ Date: _____



Manilla Central School
Excursion Medical Information Form
Secondary Netball Schools Cup - Tamworth
Thursday 15th May 2025



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 with permission note.

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®).

In the event an ambulance is required to attend to your child;

1. Do you have Ambulance cover under Private Health Insurance? YES ☐ NO ☐

Details: _____

2. Do you have a Centrelink Concession Card? YES ☐ NO ☐

Details: _____

Name of parent/carers (please print) _____

Signature of parent/carers _____ Date _____