



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 invited to participate in the **Tamworth TAFE Student Jubilee 2025** at **Tamworth TAFE** on **Thursday 11th September 2025**.

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

The excursion will cost **\$0**.

Students will depart from **Manilla Central School** at **8:30am**.

Students will return to **Manilla Central School** by **3:20pm**.

Travel will be by **MCS bus driven by Mrs Jones**.

The students will be supervised by staff members **Mrs Jones**.

Students will need the following items on this excursion:

- School uniform
- Water bottle and snacks from home – lunch will be provided

Additional Information

This event serves as an onsite careers expo and schools taster day where students can participate in sessions according to their interests.

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: 04/08/2025

Danielle Jones

Mrs Danielle Jones
Coordinator

Please complete the attached consent and return to **the office** by **Monday 8th September 2025**



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Manilla Central School Excursion Consent Form

I consent to (student name) _____ of year _____
participating in the **Tamworth TAFE Student Jubilee 2025** at **Tamworth TAFE** on
Thursday 11th September 2025 from **8:30am – 3:20pm**.

Please tick

Medical Information Form (attached) is completed

☐

I understand travel will be MCS bus driven by teacher

☐

Parent/Carer full name: _____

Parent/Carer signature: _____ Date: _____



Manilla Central School
Medical Information Form
Tamworth TAFE Student Jubilee 2025
Thursday 11th September 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 by **Monday 8th September**.*

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 _____