



Monday 29th May, 2023

Year 5 Bathurst Excursion 2023

Dear Parents/Carers,

The school is currently organising a Bathurst excursion for Year 5

When: Monday 16th to Wednesday 18th October. It will be a three day (two night) excursion

Accommodation: Bathurst Goldfields, 428 Conrod Straight, Mount Panorama, Bathurst NSW

Time: Students will need to be at school by 7.30am.
The coach will be leaving Glenbrook Public School at 7.45am sharp

Cost: \$462.00 per student which includes transport, 2 nights accommodation, meals, (GST on food) and all planned activities

Deposit: A \$50.00 non - refundable deposit

Final Balance: The final balance of \$412.00 is due by Thursday 21st September, 2023

Camp payments can be paid in instalments up until the due date via the schools website.

Students will be accompanied by Mrs Juli Flaherty, Ms Kerene Garvan, Mr Graeme Wheeler and Mrs Eva Stanners.

This activity has the approval of the Principal.

Please return the permission note and medical form attached (complete both sides and sign), with \$50.00 non refundable deposit to the office by Thursday 29th June, 2023.

Juli Flaherty
Camp Coordinator

Elise O'Kelly
Assistant Principal

**Permission note to attend the
Year 5 Bathurst Excursion 2023**

I give permission for my child _____ of class _____ to attend the 3 day excursion to Bathurst leaving on Monday 16th October and returning Wednesday 18th October. I understand that students will be travelling to and from Bathurst by coach (fitted with seat belts) and that they will be involved in a number of activities and supervised by Mrs Juli Flaherty, Ms Kerene Garvan, Mr Graeme Wheeler & Mrs Eva Stanners
I understand that the cost of the excursion is a total of \$462.00, a \$50.00 non - refundable deposit payable by Thursday 29th June, 2023.

The final balance of \$412.00 is due by Thursday 21st September, 2023

Parent Signature: _____ Parent Name: _____ Date: _____

Payment Advice

Student Name: _____ Class: _____ Payment for: _____
School's Preferred Method of Payment is Online (Using Glenbrook P.S Website)
I have made an Online payment

Receipt Number is: _____ Date Paid: _____



Medical information form

The information provided on _____ by _____ is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about _____ 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 Glenbrook PS

It 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 this 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 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.

Student name: *Class:*

Medicare number (optional)

Parent or caregiver contact details

Name:

Address:

Home phone: *Work:* *Mobile:*

Doctor contact details

Name:

Address:

Doctor's telephone: 1. 2.

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. *Name:* *Phone:*

2. *Name:* *Phone:*

PLEASE COMPLETE AND SIGN THE OTHER SIDE OF THIS FORM.

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

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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

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Signature:

Date: