



# PLATTSBURG PUBLIC SCHOOL

## Excursion: Callaghan College Transition

<b>CLASSES ATTENDING</b>	Year 6 attending CCWC in 2021	
<b>When</b>	Thursday 19th November	
<b>Where</b>	Callaghan College	
<b>Times</b>	9:00 a.m.	11:00 a.m.
<b>Dress</b>	<u>Full School Uniform</u>	
<b>Transport</b>	Parents drop off at CCWC and PPS staff will walk students back to	
<b>Cost</b>	N/A	Closing Date: 17/11/2020
<b>Additional Needs</b>	Drink bottle and hat.	
<b>Supervising Teacher/s</b>	<b>Mr Hopson / Miss Rose / Miss Jones</b>	

If you wish your child to attend a Parent/Carer is required to complete the attached permission note and return to school on or before the closing date.

**Unfortunately, due to current COVID-19 restrictions, parents/carers are unable to remain on CCWC site.**

**Any questions please contact PPS.**

Regards, Mr Hopson.

### IMPORTANT NOTICE

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents 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 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date.

Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion. For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline auto-injector (i.e. EpiPen® /Anapen®) for example.



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### Parent/Carer Permission

I hereby consent to ..... participating  
(Student's Name)

in an excursion to Callaghan College for High School Transition, 19/11/2020.

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

**Special needs of my child of which you should be aware.**

(e.g. illnesses, allergies, medication - please provide full details):

.....  
.....  
.....

Parent/Guardian Name \_\_\_\_\_

.....

(Signature of Parent/Carer)

.....

(Date)

#### PRIVACY ADVICE

The information provided on this form will be used by the school as part of its duty of care to ensure the well being of students during the excursion/activities. The information will be provided to supervising staff and will be used for communication with parents/carers if necessary. The health related information is collected for the primary purpose of ensuring the health and safety of students. It may be used and disclosed to medical practitioners, health workers and staff at venues for this primary purpose or directly related purposes. Provision of this information is not required by law; however, failure to provide this information may affect your child's ability to participate in the excursion. It will be stored securely at the school. You may access and correct any personal information provided at any time by contacting the school office.