



MOUNT WAVERLEY
HEIGHTS
PRIMARY SCHOOL

36 Solomon St, Mount Waverley, VIC, 3149
T: (03) 9807 8120 F: (03) 9888 1921
E: mountwaverley.heights.ps@edumail.vic.gov.au
W: www.mountwaverleyheightsps.vic.edu.au
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Monday 21st of November 2016

Dear Year 6 Parents,

End of Year 6 Excursion to Rush HQ

As a celebration of their time at Mount Waverley Heights Primary School, an end of year 6 excursion has been organised for all year 6 students. They will be participating in rock climbing, trampolining and a high ropes course at Rush HQ and will be able to spend time together before they go their separate ways to varying secondary schools.

DATE:	Tuesday 12 th of December
TIME:	Depart school at 11:15am and return to school by around 2:30pm
COST:	Covered by excursion levy
VENUE:	Rush HQ, 36 South Corporate Avenue Rowville
REQUIREMENTS:	School Uniform Packed Lunch Closed toe shoes Water Bottle Asthma medication (if required)

Please complete the permission form attached to this letter and return to school by Thursday 1st of December 2016.

Kind Regards,

Lindsay Hannah & Sandra Douglas
Year 5/6 Classroom Teachers



Year 6 Excursion to Rush HQ- Permission/Medical Form

TITLE: Year 6 Excursion to Rush HQ

DATE: 14-12-2016

I give permission for my child to travel by bus to Rush HQ on Tuesday the 14th of December 2016. I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I understand that the Department of Early Childhood Education & Development (DEECD) does not provide student accident cover insurance.

Student's Full Name: _____ Class: _____ Date of Birth ___/___/___

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

Fits of any type <input type="checkbox"/>	Blackouts <input type="checkbox"/>	Travel Sickness <input type="checkbox"/>	Dizziness <input type="checkbox"/>
Migraines <input type="checkbox"/>	Asthma <input type="checkbox"/> (If your child has asthma, regardless of the frequency, a copy of a current asthma plan must be attached. Ventolin, or other prescribed medication, must be carried by your child or staff on this excursion.)	Allergy (e.g. bee/wasp, nuts, Penicillin, other) <input type="checkbox"/> Allergic to: _____ Epipen: Y <input type="checkbox"/> N <input type="checkbox"/>	
Other <input type="checkbox"/> please specify: _____			

NB: Please ensure the school has a current Asthma Management Plan or Anaphylaxis Plan. (If applicable)

Special care is recommended: _____

Is your child currently taking any medications? Yes / No

If yes, please state the name of and dosage of medications: _____

Emergency name: _____ Emergency contact number on the day: _____

Emergency Contacts are people that Sussex Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Sussex Heights Primary School.

Parent's Name: _____ Signature: _____ Date: _____

This confidential form asks for personal information about your child. The main purpose for collecting this information is so that Sussex Heights Primary School can allocate staff for supervision and it assists us to properly care for your child. The school depends on you to provide all relevant health information. Withholding some health information may put your child's health at risk. The school will use this information if your child is involved in a medical emergency. This medical form must be current when the excursion is run. Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Early Childhood Development is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to. All staff at Sussex Heights Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided on this form. All information is held in confidence.