



**3/4G & 3/4S
 SCOTCHMAN'S CREEK WALKING EXCURSION NOTICE
 & MEDICAL FORM**

Excursion	As part of our Sustainability Inquiry unit – <i>Look at What We've Got</i> students will be examining the environmentally sensitive area of Scotchman's Creek to observe and investigate issues & threats. On our walk we will be observing the natural and built environment that impacts on the water quality and the local flora and fauna. We are fortunate to have Kirstine (a Conservation and Engagement Coordinator) to facilitate the excursion and the water testing at the wetlands.
Venue	Scotchman's Creek between Huntingdale Road and Stanley Avenue (Huntingdale Wetlands)
Date	Monday, April 30
Time	11.15am – 1.45pm approximately 3/4S departure 11.15am & return to school by 12.45pm. 3/4G departure 12.15pm & return to school by 1.45pm.
Cost	Covered by incursion/excursion levy
Wear	School Uniform, Sunsmart hat, and bring a waterproof jacket in case of rain.
Bring	Medication if required e.g. Ventolin Filled water bottle. Sunscreen

Students will be walking to and from Scotchman's Creek (Huntingdale Wetlands) and be supervised by Mount Waverley Heights Primary staff and parent helpers with a 'Working With Children Check'.

Please complete the attached permission form and return it to school by THURSDAY APRIL 26, 2018.

We're looking forward to a great excursion.

Alicia Geddes & Hillary Sullivan
 3/4 Teachers

Carolyn Datson
 Assistant Principal

19/04/18



**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



SCOTCHMAN'S CREEK MEDICAL FORM

PLEASE RETURN NO LATER THAN: Thursday April 26, 2018

TITLE: Scotchman's Creek Walking Excursion 'Huntingdale Wetlands'

Date: Monday 30 April 2018

I give permission for my child to **walk to and from Scotchman's Creek between Huntingdale Road and Stanley Avenue to Huntingdale Wetlands on Monday 30th April**. 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 Education and Training (DET) 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"/> <i>Bring Ventolin</i>	*Allergy (e.g. bee/wasp, nuts, Penicillin, other) <input type="checkbox"/> Allergic to: _____	
Other <input type="checkbox"/> please specify:			

Special care for *Allergies: _____

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

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 Mount Waverley Heights 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 Mount Waverley 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 Mount Waverley 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 Mount Waverley Heights Primary School and the Department of Education & Training (DET) are required by law to protect the information provided on this form. All information is held in confidence.