



RINGROSE PUBLIC SCHOOL

Ringrose Avenue, Greystanes 2145

Phone: 9631 8637

Fax: 9896 3240

Email: ringrose-p.school@det.nsw.edu.au

Website: www.ringrose-p.schools.nsw.edu.au

12 August 2019

STAGE 2 OUTDOOR ADVENTURE OVERNIGHT CAMP **Thursday 24 October- Friday 25 October 2019**

Dear Parents/Caregivers,

The final cost of the Outdoor Adventure Camp at Wisemans Ferry has been finalised.

TOTAL COST - \$200.00

If you have paid a deposit of \$50, the amount to be paid is \$150. If you have paid in full no further payment is required. The final date for payment is **Thursday 12 September, 2019.**

Money may either be paid in full, or in instalments of \$50.00. **Payments must be finalised on or before Thursday 12 September, 2019.**

A payment plan has been attached to this note and if you are paying in instalments, it is suggested that the money be paid on or before the following dates:

Thursday 29 August	\$50.00
Thursday 5 September	\$50.00
<u>Thursday 12 September</u>	<u>\$50.00 – final payment</u>

If there is any financial difficulty please feel free to speak to Mr Loughhead or myself.

Please ensure the attached medical note is filled out and signed.

Forms must be completed and returned to the school office before
Thursday 12 August, 2019.

Mrs Zugna
Assistant Principal

Mr Loughhead
Principal



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Stage 2 Overnight Camp Medical Information Form 2019

It is a requirement of the Department of Education that schools have up-to-date health information on all students so that appropriate action can be taken at school and on excursions, should medical attention be required for your child.

Would you please complete the form below listing **any health needs** e.g. asthma, allergies etc. concerning your child and return to school as soon as possible. When we are made aware of any medical conditions, we will issue further forms for you to complete so we can devise a detailed medical plan for your child.

Please note: the following information will serve as the medical information required on excursions and school events for the year. If during the year your child's medical/health needs change, please notify the School Office immediately. Please return the completed form to the School Office as soon as possible.

Medical Information Form

You may correct any personal information provided at any time by contacting The School Office

Student name:

Class:

Parent or Caregiver contact details

Name:

Home phone: Work: Mobile:

Doctor contact details

Name: Phone:

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

1. Name: Relationship to student: Phone:

2. Name: Relationship to student: Phone:

Medicare Information

1. Medicare Number: 2. Reference Number:

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the symptoms for each, and any medical treatment required. Please also list any medications required, their instruction and time of administration, and any possible reaction.

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Outline special dietary needs, including possible reaction to inappropriate diet

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Signature:

Date:

Privacy Notice

The information provided by you is being obtained for the purpose of medical instructions to our administrative staff. It will only be used for this purpose and will not be provided to anyone other person/agency. Provision of this information is voluntary.