



# WARRAGAMBA PUBLIC SCHOOL

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Nathan Smith  
Relieving Principal

Friday 29<sup>th</sup> January 2015

## **MARINE DISCOVERY CAMP – 2015**

Dear Parents,

Our annual Marine Discovery excursion to Jervis Bay which is from 16<sup>th</sup> – 18<sup>th</sup> February 2015, is fast approaching. Thank you for your interest in this fantastic opportunity. The next step in the process is to complete the necessary paperwork prior to the camp. In this package you will find two sets of notes as follows:

- Warragamba Public School excursion permission note and medical information form for overnight excursions
- Camden Park Environmental Education Centre program information, medical information note and snorkelling permission note

**All notes must be completed fully and returned to school by Wednesday 11<sup>th</sup> February.**

If you have not done so already, a deposit of \$50 will need to be paid by next Wednesday 4<sup>th</sup> February to secure your child's spot. The remaining balance of \$81.50 will need to be paid no later than Wednesday 11<sup>th</sup> February.

Kindest Regards,

Louise Fyffe  
Relieving Assistant Principal

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### **YEAR 6 MARINE DISCOVERY EXCURSION 2015**

I give permission for my child to attend the marine discovery excursion to Jervis Bay from Monday 16<sup>th</sup> February to Wednesday 18<sup>th</sup> February 2015. I understand that day 1 will take place at Warragamba Pool and that travel to and from Jervis Bay on days 2 and 3 will be either by bus or car. I also understand that students will be supervised and accompanied by Mrs Fyffe, Mrs Barlow and Mr Muller in addition to teachers from Camden Park Environmental Education Centre.

Child's Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Camden Park Environmental Education Centre  
 NSW Department of Education and Communities  
**MARINE DISCOVERY PROGRAM**  
**MEDICAL HISTORY OF PARTICIPATING STUDENT.**

To the Parent,

The purpose of this questionnaire is to ensure supervisors are aware of relevant medical history of students in their care. A positive response will not necessarily exclude your child from activities, though a pre-existing condition may affect safety during snorkelling activities and you may be requested to seek the advice of your family physician.

Please answer the following with a Yes or No, except where details are requested:

Does your child take regular prescription or non-prescription medication? \_\_\_\_\_  
 If so, please list: \_\_\_\_\_

*If your child has regular medication please supply only required amount, in an unbreakable container clearly labelled with child's name, medication name, dosage and times required. This should be handed to your child's class teacher before departure.*

Has your child ever had or do they currently have: **ALL must be answered.**

- Asthma? \_\_\_\_\_
- Frequent or severe attacks of hayfever or allergy? \_\_\_\_\_
- Frequent colds, sinusitis or bronchitis? \_\_\_\_\_
- Any form of lung disease? \_\_\_\_\_
- Collapsed lung? \_\_\_\_\_
- Claustrophobia or agrophobia? \_\_\_\_\_
- Epilepsy, seizures, convulsions? \_\_\_\_\_
- Migraine headaches? \_\_\_\_\_
- History of blackouts or fainting? \_\_\_\_\_
- Diabetes? \_\_\_\_\_
- Recurrent back problems? \_\_\_\_\_
- Inability to perform moderate exercise? (eg walk 2km in 15 mins) \_\_\_\_\_
- History of heart disease? \_\_\_\_\_
- History of ear or sinus surgery? \_\_\_\_\_
- History of ear disease, hearing loss or problems with balance? \_\_\_\_\_
- Allergies \_\_\_\_\_
- Current skin conditions? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

Any special dietary requirements? \_\_\_\_\_

Any diagnosed learning difficulties? \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent / Carer)

In case of emergency please supply the following contact information:

Parent (name) \_\_\_\_\_ Other contact (name) \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 (W) \_\_\_\_\_ (M) \_\_\_\_\_ Phone contact \_\_\_\_\_  
 Medicare Number: \_\_\_\_\_ Expiry Date \_\_\_\_\_