



ReMeida Excursion

Dear Parent/Guardian

I am pleased to provide you with the following details regarding our excursion to:
ReMeida, 1Prospect Place, West Perth on **Wednesday 10th April, 2019.**

This excursion has been planned to supplement the following work being completed in your son's/daughter's classroom:

Students have recently entered the Earth Assist recycled art completion and have been working on a sculpture design for the project. Recently the Bush Rangers have purchased a school membership at ReMeida, a recycled resource facility. Students will attend the facility and participate in a workshop and then collect recycled materials to use in their sculpture of a Western Australian threatened species.

The class will depart from: Waroona DHS at 8.30am
And return to: Waroona DHS at 2.45pm
Travel will be by: 12 seater coach

Number of students attending excursion: 11

Member of the supervisory team are: Mrs Susan O'Meara

Include where appropriate:

Special clothing or other items required: ***Full School uniform must be worn.*** No Country Week jackets or sport shirts please. Students will also need to bring a water bottle, hat and a packed lunch. Students may bring a small amount of money to buy a snack on the way home.

Contact arrangements during the excursion: Please ring administration on 9782 7000 if you need to contact your child.

Susan O'Meara
Year 7&8 Bush Ranger Teacher

2nd April 2019



ReMeida Excursion for Year 7 & 8 Bush Rangers
Please detach and return by Monday 8th April 2019

If your son/daughter has special needs please provide full details and include any relevant medical details on the attached Student Health Care Summary.

If the proposed excursion poses any additional health risks to those identified in the Student Health Care Summary, e.g. if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline additional health risks below:

I consent to _____ participating in an excursion to ReMeida on Wednesday 10th April, 2019

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

Parent/guardian

Date



Waroona District High School Student Health Form



STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion. **Should your child's health requirements change during the year, please contact the school so that this form can be updated.**

STUDENT DETAILS

Student's name: _____ Date of birth: _____
 Parent/ guardian's full name: _____
 Address: _____ Postcode: _____
 Telephone number: home: _____
 work: _____
 mobile: _____
 Name of family doctor: _____ Telephone no: _____
 Medicare Number: _____

MEDICAL DETAILS

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion? Yes No

If "yes", please give details:

IS YOUR CHILD ALLERGIC TO

Penicillin (Please give details) _____
 Any other drug _____
 Any food _____
 Other _____

Date of last tetanus vaccination: _____

MEDICATION

Parents/ guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursion.

Is your child presently taking tablets and/ or other forms of medication? Yes No

Does your child self-administer the medication? Yes No

If "yes", state name of medication, dosage and frequency of use: _____

OTHER INFORMATION

Please provide any other information about your child, which will enable the organisers of the excursion to provide better care for your child _____

CONSENT TO MEDICAL INFORMATION

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary.

Signed: _____ Parent/Guardian Date: _____

(This signed consent is required for all children attending school camps and extended educational excursions)