



# Good Shepherd School

134 Hyatts Road, Plumpton 2761

Telephone: (02) 9836 7100 Fax: (02) 9832 8984

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5<sup>th</sup> February 2018

Dear Parents of Year Four,

The Year Four students are studying 'First Contacts' as part of their History Key Learning Area. To enrich their learning all of Year Four will be attending an excursion to Muru Mittigar (an Aboriginal Learning Centre) in Rouse Hill on the 20<sup>th</sup> February.

The students will travel by coach to and from the venue and the students need to wear their sports uniform and bring their recess, lunch and drinks.

The cost of the excursion has been covered by your school fees account.

The students need to be at school at the normal time and we will return in time for the usual dismissal time.

Please complete the permission note and the day excursion medical form and return it to your child's class teacher.

Yours truly

Mr. Ian Byrne

(Grade Leader)

.....  
We give permission for .....(Student's name) to attend the History excursion on 20<sup>th</sup> February at Muru Mittigar Rouse Hill.

Signed.....(Parent/Guardian)



# GOOD SHEPHERD PRIMARY SCHOOL

134 Hyatts Road, Plumpton 2761

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## DAY EXCURSION MEDICAL NOTIFICATION

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Work/Mobile Phone Number: \_\_\_\_\_

Father's Work/Mobile Phone Number: \_\_\_\_\_

a) Does your child have any medical condition which you feel that teachers should be aware of?

Yes/No: \_\_\_\_\_ Details: \_\_\_\_\_

b) Does your child have any medical allergies?

Yes/No: \_\_\_\_\_ Details: \_\_\_\_\_

c) Will your child need to take medication during the excursion?

Yes/No: \_\_\_\_\_ Details: \_\_\_\_\_

d) Is there any other matter regarding your child's welfare and enjoyment of the excursion which you would feel that teachers should know?

Yes/No: \_\_\_\_\_ Details: \_\_\_\_\_

e) Does your child have any special dietary requirements for meals e.g. allergies, sensitivities, intolerances, religious beliefs?

Yes/No: \_\_\_\_\_ Details: \_\_\_\_\_

In the event of any emergency, I give the teachers of Good Shepherd Primary School my permission to seek medical attention for my child: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ and I

understand that I will be notified as soon as possible.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date