Dear Parent / Caregiver,

On Monday 14/12/20, students will have the opportunity to attend Central Coast Aqua Park.

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| **Excursion name : Central Coast Aqua Park** | |
| Where: | Central Coast Aqua Park  42 Masons Parade, Gosford NSW 2250 |
| Date: | 14/12/2020 |
| Purpose: | Building Positive Relationships |
| Time: | Arrive TLSC The Entrance Campus by 8:00am for 8.15am departure.  Depart Central Coast Aqua Park 12pm, returning to TLSC The Entrance Campus approx. 1pm  For lunch |
| Students involved: | *All of year 12* |
| Uniform : | Appropriate clothing |
| Transport : | *Red bus* |
| Cost : | $20 includes Aqua park entry, bus and lunch |
| What to Bring : | \*Students need to wear/bring Sunscreen, swimming costume (appropriate to participate in all obstacles), towel, plastic bag and dry change of clothes to change in to.  Lunch will be provided at school on return |
| Specific Information: | Note: if attire is not appropriate to participate in the Aqua Park obstacles, students will not be allowed to participate. |
| Supervision: | **Mr Cotterill / Mrs Romano / Miss Nichols / Mrs Hudson**  Staff members attending are trained in emergency care and CPR. |

Payable by cash or card at the Administration office

Cheques need to be made out to the School.

**‘Parent Online Payments’ are available via our website using Reference:**

**Central Coast Aqua Park**

**Completed permission notes and payment are due by**

**9/12/20 for ONLINE payments**

**OR 11/12/20 for Cash / Card payments**

Yours sincerely,

Melanie Romano Sam Thomas

Excursion Coordinator Deputy Principal

***COMPLETE ALL PARTS of the PERMISSION NOTE and MEDICAL FORM and RETURN to***

**Your Roll Call teacher 11/12/2020**

**Central Coast Aqua Park**

I consent to ………………………………………………………………. participating in an excursion to **Central Coast Aqua Park**, 42

Masons Parade, Gosford NSW 2250 **on Monday 14th December**.

I give permission for my child to travel to and from the venue with Red Bus Company

My child has the following special needs (please provide full details and include any relevant medical details on the attached medical form)

I give / do not give permission for my child to receive medical treatment in case of emergency.

**Parent Signature Date**

□ *I give permission for photos/videos of my child to be used by TLSC, The Entrance Campus for public promotional purposes.*

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| **Medical Information Form** | | | | |
| The information provided on date above by ………………………………………….[*Parent Name*] is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about ……………………………………..[S*tudent name*] who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Tuggerah Lakes Secondary College, The Entrance Campus.  It will be used by officers of the NSW Department of Education and Communities to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.  Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.  Provision of this information is not required by law. However, a failure to provide the information maymean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.  Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.  You may correct any personal information provided at any time by contacting the school office. | | | | |
| *Student Name*: …………………………………………………………………………………… *Medicare Number* …………………….……………………………………………………….. | | | *Class*: ………………………………………………………..  *Student Mobile:………………………………………..* | |
| **Parent or caregiver contact details** | | | | |
| *Name*: | …………………………………………………………………………………………… | | | |
| *Address*: | …………………………………………………………………………………………………………………………………………………………………… | | | |
| *Home Ph*:………………………………………… | | *Work Ph*:………………………………………… | | *Mobile*:………………………………………… |

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| **Doctor contact details** | | | |
| *Name*: | ……………………………………………………………………………………………….. | | |
| *Address*: | ………………………………………………………………………………………………..  ……………………………………………………………………………………………….. | | |
| *Doctor’s telephone*: | | *1*.…………………………… | *2*..……………………………. |
|  | |  |  |
| **Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)** | | | |
| *1. Name*: …………………………………………….…… | | | *Phone*: ………………………… |
| *2. Name*: …………………………………………….…… | | | *Phone*: ………………………… |
| **List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.) and outline the treatment for each.** | | | |
| **(PLEASE DO NOT LEAVE BLANK – WRITE NIL IF NOT APPLICABLE)**  ……………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………… | | | |
| **Outline special dietary needs including possible reaction to inappropriate diet** | | | |
| **(PLEASE DO NOT LEAVE BLANK – WRITE NIL IF NOT APPLICABLE)**  ……………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………… | | | |
| **Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.** | | | |
| **(PLEASE DO NOT LEAVE BLANK – WRITE NIL IF NOT APPLICABLE)**  ……………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………… | | | |
| *Please return this form by:*11/12/20 | | | |

***Please complete all fields of this permission note and medical form.***

***Verbal permission cannot be given for an excursion regardless of payment.***

***Prior to participation***

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| Prior to participation all students nominated on this form by their parent/caregiver as a swimmer will be required to participate in an aquatic pre-activity water survival challenge to look at your child’s aquatic proficiency.  The aquatic pre-activity **Water Survival Challenge** comprises the following continuous progression – a slide in entry, a swim of 25 metres using a recognised stroke and 1 minute float, scull or tread water in deep water followed by an unassisted exit.  At the completion of the **Water Survival Challenge** any non-swimmer will not be allowed to participate in the Aqua Park activities. |

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| Please clearly circle one:    My child is a **swimmer\***  **OR**  My child is a **non – swimmer\***    Signed parent / care giver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (\***Please note:** all swimmers will be wearing a life jacket). |

***Please fill in the Central Coast Aqua Park Ride Agreement on the next page***