



Golden Ridge Farm Kindergarten Excursion

Dear Parents / Caregivers,

An excursion has been organised for **Kindergarten** students to support the work being done in the classroom in the area of Science. Students will be visiting **Golden Ridge Farm** where they will have the opportunity to learn about farm life, farm animals and how they help us. They will also have the opportunity to hold a variety of baby animals, milk a cow and feed some of the farm animals. We will also be having chicks in the classroom for 2 weeks leading up to this excursion.

Please find below the details of the planned activity:

DATE: Friday 22nd September 2023

COST: \$40.00 which includes coach travel and entry to the venue and cost of chicks from Chick'r'Us.

FINAL DATE FOR PAYMENT: **Friday, 15th September 2023**

DEPARTURE TIME: 8:30am - students need to be at school at 8:10am

RETURN TIME: 3:00pm

TRAVEL: Coach fitted with seat belts

CLOTHING REQUIREMENTS: Students are required to wear their full school **sport** uniform, including their school hat.

STUDENT REQUIREMENTS: Students need to bring their own lunch and drinks for the day in a small backpack. Sunscreen is advised if weather is sunny. No spending money will be required.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

All parents are required to complete the **Permission Consent Form** and **Medical Form**.

Yours sincerely,

Ms Matthews, Mrs Bartolillo, Ms Bitar, Ms Su and Ms Maddocks - Kindergarten Teachers



----- Please detach and return no later than **Friday, 15th September 2023** -----

Golden Ridge Farm Kindergarten Excursion Permission Consent Form

I consent to from class participating in this excursion and have enclosed payment of **\$40.00** by: ☐ **Cash** ☐ **Card** ☐ **Online Receipt No.** _____

- ☐ I understand that travel will be by coach & have provided all relevant medical information in the attached note.
- ☐ My child **is / is not** (circle response) permitted to interact with animals under teacher supervision.

Signed: _____

Dated: _____

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Medical Form

I understand that whilst all care and precaution will be taken by the supervising adults, the school staff will be ultimately responsible for my child. I authorise the teacher – in – charge of the excursion, where it is impractical to communicate with me, to consent to my child receiving such medical or surgical treatment as may be deemed necessary.

Student Name: _____ Class: _____

Parent/caregiver's Name: _____

Parent/caregiver's Signature: _____ Date : _____

The information provided on your child is being obtained for the purpose of accurate medical details for the conduct of a school activity/excursion. It will be used by the NSW Department of Education and Training for this purpose alone. Provision of this information is required by law. It will be stored securely. If you do not provide all or any of this information it may be deemed unsafe to involve your child in this activity.

Parental/Emergency Contacts :

Name : _____	Name : _____
Relationship to child : _____	Relationship to child : _____
Work Phone Number : _____	Work Phone Number : _____
Home Phone Number : _____	Home Phone Number : _____
Mobile Number : _____	Mobile Number : _____

Medicare Number: _____ Expiry Date : _____

- Does your child have any medical needs or allergies that should be made known to the staff :

- What special care is recommended:

All medication must be handed to the teacher prior to leaving the school and must be clearly marked with the child's name, dosage and dosage times. Medication should be enclosed in a plastic snap lock bag.

- Please provide details of any recent relevant medical treatment that your child has/had :

- Is your child taking any medication ☐ Yes ☐ No
please state medication, dosage and times

- Does your child : ☐ have Asthma What care is recommended:

- Is there any other information that you feel may be useful for our staff to know about your child?