



The Junction Public School

Union St Merewether 2291

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Principal: Cath Larkman

Dear Parent/Caregiver:

An excursion has been organised for your child. Information is as follows:

Parents please retain this page for your reference.

Excursion	Year 4 Camp
Venue	The Great Aussie Bush Camp, Tea Gardens
Date(s)	(Term 4, Week 4) Wednesday 2nd to Friday 4th November 2022
Classes/Group Involved	Year 4
Cost	TOTAL cost: \$352, less \$50 deposit paid. Total outstanding amount \$302 . Part payments are acceptable. Please refer to previous note regarding payment options and the QR code.
Payment due by	Wednesday 19 th October 2022
The class will depart from	Union Street entrance to The Junction Public School
At (time)	The coach will depart the school at 10am. Students to come to school at normal time. Bring camp bags to school classroom.
Return by (time)	The coach will depart The Great Aussie Bush Camp at 1:30pm and arrive back at school at 2:30pm. Students may be collected at normal school time.
Travel will be by	Coach
The groups will be supervised by	Mrs Katrina Gardoll, Miss Lucy Bourne, Mrs Holly Lynch (for part of the camp), Mr Mark Alcock, Mrs Pam Parkes and Mrs Belinda Scorgie
Additional information:	All medication required by students to be placed in envelopes with instructions clearly written on the outside, including motion sickness medication.

Mrs Katrina Gardoll and Miss Lucy Bourne, Organising Teachers

Current Medication / Dietary Requirements

School: _____ Student Name: _____

Time and Dosage – Please specify exact time of medication

Medication Name	Breakfast		Lunch		Dinner		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose

Regulations require that all medication must be provided in the original container / packaging.
Teachers will collect and administer all medication.

Has your child suffered from any Acute illness in the past four months? If yes, details.	Yes	No
Has your child been treated by a doctor in the past four weeks? If yes, please attach a medical certificate outlining treatment, and stating that the child is fit to attend camp.	Yes	No
Has your child had any major surgery? If yes, please specify.	Yes	No
Is your child's Immunisation up to date, including tetanus? If yes, what year was the last booster given?	Yes	No
Does your child wet the bed?	Yes	No
Does your child sleep walk?	Yes	No
Do you give permission for Panadol to be administered if required?	Yes	No
Does your Child have any Dietary Requirements? If YES please specify:	Yes	No

Water or Swimming Activities:

In relation to any proposed water or swimming activities, my child: Name: _____

(Please tick ✓ one:)

STRONG SWIMMER

AVERAGE SWIMMER

POOR SWIMMER

NON-SWIMMER



Medical Form – Child

Name of School: _____ School year: _____

Student Details:

Surname: _____ Given Names: _____

Address: _____

Postcode: _____ Date of Birth: ____/____/____ Male Female

Parent / Guardian Details:

Please Tick ✓: Mother / Guardian Father / Guardian Other Contact

Full name of Parent / Guardian Details: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Medicare Number: _____ Expiry Date ____/____/____

Student Name on Card: _____

Student Number on card: _____

Ambulance Cover: Yes No

Private Health Fund Name: _____ Health Fund member number: _____

Is your child in good health? Yes No

Does your child require regular medication? Yes No

Does your child suffer from any Chronic Illness / Injury / Allergies?
If yes, please specify? Yes No

Parent / Guardian Signature: _____ Date: ____ / ____ / ____

