

Oran Park High School Super Note 2021

There are 3 carnivals that occur during the course of the year (Swimming, Athletics and Cross Country). These carnivals are an integral part of Oran Park High School's sports structure and are a **compulsory school day**. These days not only contribute heavily towards our House Championship and Sports Person of the Year awards but also provide School Sport Australia pathway opportunities for students (Zone, Region, State representation).

As part of the school curriculum and sport programs at Oran Park High School, students will make use of the community facilities (see below) to complement and support learning opportunities throughout 2021.

The dates/venues and costs of these carnivals are listed below:

| <i>Carnival/Activities</i> | <i>Date</i> | <i>Venue</i> | <i>Cost</i> |
|--|--|---|-------------|
| Swimming | Monday 15th February, 2021 | Camden War Memorial Pool | \$15 |
| Cross Country | Tuesday 30th March, 2021 | Camden Bicentennial Equestrian Park | \$10 |
| Athletics | Thursday 6th May, 2021 | Onslow Park, Camden | \$15 |
| Curriculum lessons and sports programs | Term 1 – Term 4 2021 | Jack Brabham Reserve Julia Creek Kolombo Creek Oran Park Town Sales and Information Centre | Nil |

Payment for Swimming, Cross Country and Athletics Carnivals

Students are required to pay for the Swimming, Cross Country and Athletics carnivals prior to the carnival to be able to attend. This is due to the fact that buses need to be ordered and venues hired. **No student will be allowed to attend either of the carnivals without payment being made PRIOR to the day.**

As the Swimming Carnival is early in the school year (15th February 2021), **payment will need to be made ASAP**. You can pay for each carnival **separately (\$15, \$10 and \$15) or combined (\$40)**.

In the event that your child does not attend either carnival that you have paid for, the **money will not be refunded**.

Please return the completed permission note along with payment to the front office by the 8th of February, 2021.

Payment can be made using:

- POP (Parent Online Payment) via the school's website
- Via the SchoolBytes account email
- At the front office via cash or EFTPOS

B Mitchell
Principal

M Scott
Head Teacher PDHPE

South Circuit and Podium Way
Oran Park NSW 2570
Ph: 02 4634 7700
Email: oranpark-h.school@det.nsw.edu.au



Excursion Consent Form – Section A

Please complete relevant details on this form and return to the school by **Monday 8th February, 2021**.

Privacy Advice

The personal information provided on this consent form will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this excursion. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so may impede the resolution of welfare issues if you are not able to be contacted. This information will be stored securely. You may access or correct any of the details at any time by contacting the school.

Please tick the appropriate boxes below and fill in the relevant information:

Excursion Details

SUPER NOTE

| | | | | |
|--|--|--|---|---|
| <i>Insert child's name</i> <hr/> (First name) <hr/> (Last name) <hr/> <i>Year</i> <i>House</i> <i>Roll Call</i> <hr/> | | | Date/s of excursion Monday 15th February 2021 Tuesday 30th March 2021 Thursday 6th May 2021 During curriculum lessons and sport in 2021 | Place of excursion Camden Pool Camden Bicentennial Equestrian Centre Onslow Park Camden Jack Brabham Reserve Julia Creek Kolombo Creek Oran Park Town Sales and Information Centre |
| <input type="checkbox"/> I consent to my child participating in the forthcoming school excursions, the details of which appear above | | | <input type="checkbox"/> I have completed the water or swimming activities response on page 5 | |
| <input type="checkbox"/> My child has special medical requirements for excursions, please complete the <i>Medical information form on pages 3- 4</i> | | | <input type="checkbox"/> My child does not have any special medical requirements for this excursion | |
| <input type="checkbox"/> I give permission to the school to publish names and photographs of my child. | | | | |

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Medical Information Form

Please complete and return to school ASAP

Privacy Advice

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who may participate in excursions, sporting activities or other education or school activities conducted by or in conjunction with your school.

The information will be used by officers of the NSW Department of Education to assist planning to support students, and minimize risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with 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 may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available an alternative education experience.

Provision of the information will significantly assist the school in planning a safer educational activity.

This information 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 at any time by contacting the school office.

Student name: _____ Class: _____

Medicare Number: _____ Child #: _____ Expiry: _____

Parent or Caregiver Contact Details

Name: _____

Address: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

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Doctor Contact Details

Name: _____

Address: _____

Doctor's telephone: 1 _____ 2 _____

Emergency Alternative Contact/s Details

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

List Existing Medical Conditions, Allergies or Illnesses

(include asthma, diabetes, epilepsy, etc. Outline the treatment (e.g. Epipen, Ventalin, etc.) for each condition).

Medication(s) to be Administered DURING the Excursion

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for supplying the medication and any 'consumables' necessary for its administration. The medication should be well within its expiry date.

Include name of medication, instructions for administration, time of administration and any possible reactions:

I understand that my child will receive medical treatment in the case of an emergency. Although the Department of Education covers ambulance costs in NSW, it does not cover the cost of medical expenses incurred as a result of an accident or injury. Private Health Cover is recommended.

Please note there will be no refunds if students are unable to attend the excursion.

Signature of parent/ caregiver: _____ Date: ____/____/____

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Excursion Consent Form – Section B

Please complete and return ASAP

Structured aquatic activities – advice

The excursion will involve the following structured aquatic activities:

SCHOOL SWIMMING CARNIVAL

STRUCTURED NOVELTY EVENTS

(Monday 15th February, 2021)

These activities will take place at: **CAMDEN WAR MEMORIAL POOL**

Structured aquatic activities – response

In relation to the proposed structured aquatic activities (please circle response):

My child is **permitted** to go in the water

My child is **not permitted** to go in the water

My child's swimming ability is (please circle response):

A non-swimmer: My child is unable to swim

A weak swimmer: My child is comfortable and confident in shallow water but cannot swim very well

An average swimmer: My child is a reasonable swimmer but is not very strong or confident in deep water

A strong swimmer: My child is a strong swimmer and is confident in deep water

Signature of parent/ caregiver: _____ Date: ____/____/____