23rd March, 2015

Years 3 & 4 Taronga Park 'ZooSnooze' Excursion

Tuesday 9th and Wednesday 10th June

Dear Parents/Caregivers,

The following is an information guide in regards to the overnight Zoosnooze excursion at Taronga Park. Please use the information as a check list and start planning now so that all items are prepared and the children are ready for the excursion if they are attending. If you have any enquiries please contact your child's teacher or Mr Lister. The sooner we are aware of any problems the sooner a solution can be found.

Payment

Please be aware that payment ($95.00) is due in two instalments. The first payment is a deposit of twenty dollars. ($20) This payment is due by the last day of this term. This payment will confirm your child's place on the excursion. The second payment is $75. This payment is the final payment for the excursion. It is due by Tuesday 2nd June, 2015.

John Lister (Assistant Principal Stage 2)  
Per Mrs Browne (Principal)

Items to Bring

A bag to carry items (Not too big)

Sleeping bag

Casual warm clothes for two days

Warm jacket

Comfortable shoes

Underwear and socks for two days (spare is recommended)

Winter PJ's/ Tracksuit
Other items

Toothpaste/ brush, hair brush/ comb,

Camera (disposable recommended)

Two plastic bags for dirty washing

There is no showering facility at Taronga

Meals

On day 1 the children will need to bring a disposable plastic bag with their morning - tea, lunch and any drinks they may wish to have on the day. Some children may also wish to have a fruit bar for afternoon tea.

Dinner BBQ and a breakfast are provided.

On returning to school we will stop at a McDonalds for a light lunch. Money is needed for this stop. Please indicate what your child is likely to order so a prior order can be made at McDonalds. (attached sheet)

About the Excursion

The children will be studying Australian animals and Life Cycles. Some of this work will be already studied in classroom science. The children will sleep in two rooms. One room is for the girls and female staff and one is for the boys and male staff. They will need a sleeping bag. There are no facilities for showers.

Money

There are few opportunities to buy items during the excursion. Money should be provided for lunch on the way home. Children must keep their money in their wallets until it is time to buy lunch.

Medication

Mr Lister will supervise the distribution of medication. All children must have their medication labelled with clear instructions. Medication should be in the medical container it belongs to. Children that suffer from travel sickness should be given their medication prior to their arrival at school. If they need medication for the return trip the medication should be clearly marked.

All children must have the Medical Consent form completed. This includes any child who may be using asthma inhalers.
Dietary Requirements

Due to the nature of the excursion ‘Zoo Snooze’ will only provide basic dinner (BBQ) and breakfast. If your child requires special foods please notify your child’s teacher so that an esky can be taken with foods prepared from home.

Departure and arrival back at school

Tuesday 9th June

A coach will take Group 1 from school at 8:00am. They will arrive at Taronga by 10:30am.

Wednesday 10th June

A coach will take Group 2 from school at 8:00am. They will arrive at Taronga by 10:30am. Group 1 will be then collected and brought back to school. After a stop-over for lunch we should be back at school by 1:00pm.

Thursday 11th June

A coach will collect Group 2 form Taronga at 10:00am and return to school by 1:00pm after their lunch time stop-over.

Permission Note

I give my child .............................................. of class ...........................
Surveyors Creek Public School permission to attend the Zoosnooze excursion for Years 3/4 as set out in the information to Parent's/Caregiver's letter. I understand that this excursion is an overnight excursion and that children will be sleeping in sleeping bags in rooms provided by the venue. This excursion has been completed with the consultation and the permission of the principal, Mrs Browne.

I understand that the total cost for the excursion is $95.00 and this will be forwarded to the school prior to the excursion.

I understand that Group 1 will travel by bus to Taronga on Tuesday 9th June and return to school on Wednesday 10th. I understand that Group 2 will travel by bus to Taronga on Wednesday 10th and return to school on Thursday 11th.

All children must have the 'Consent and medical information' form completed by 2nd June (or earlier)
Deposit $20-Due Last day of term 1.
Parent/Caregiver's signature .................................................................
Date ........................................
.................................................................................................

Second Payment - June 2\textsuperscript{nd} 2015.
Parent/Caregiver's signature .................................................................
Date ........................................
.................................................................................................

Dietary Needs
My child ........................................ of class ........................................
has special dietary needs. These needs are ......................................
.................................................................................................

I will contact the class teacher ensuring that a dinner and breakfast is available
during the excursion.
Parent/Caregiver's signature .................................................................
Date ........................................
.................................................................................................

McDonalds order form
Name: ................................................................. Class ........................
Order: ......................................................................................

Please ensure that each child has enough money. Money is to be kept by the
child.
SURVEYORS CREEK PUBLIC SCHOOL
Consent and Medical Information Form – Stage 2

Zoosnooze Excursion - 2015

To assist the staff from Surveyors Creek Public School who are organizing this excursion it would be appreciated if the following form could be completed and returned as soon as possible. Thank You!

First/Given Names: ................................................. Surname: ...........................................................

Address: .................................................................................................................................................

Telephone Home: ........................................ Work: ................................................................. Age: ............

Parent/Caregiver Name in Full: ...................................................................................................................

Other Contact Person (in case parent/caregiver cannot be contacted):
Name: ................................................................................................. Phone: ..............................................

Medical Information:

- Children participating on this excursion with a medical problem should bring a letter from his/her doctor regarding detailed treatment of the condition.
- Any prescribed medication that is brought on this excursion should have the child’s name, dosage and dosage times on it. It should be placed in a sealed container with the instructions and handed to the teacher in charge of the excursion on the morning of departure. Only prescribed medication in the child’s name will be administered.

Please answer the following questions about your child:

1. Is he/she in good health? ................................................................. Yes/No

2. Does your child suffer from any chronic illness or disability? Yes/No

   If yes what is its nature? ..........................................................................................................................

3. Has he/she suffered from any acute illness during the past four weeks? Yes/No

4. Does he/she suffer from:
   - Asthma Yes/No
   - Skin Conditions Yes/No
   - Diabetes Yes/No
   - Epilepsy, fits and blackouts Yes/No
   - Sleep Walking Yes/No
   - Allergic Conditions Yes/No

   If yes, give full details of any necessary treatment ..........................................................................................

- Please attach a current Asthma Action Plan for your child.

5. Does your child have any allergy to any medications? Yes/No

   If yes, give full details? ..........................................................................................................................
6. Does he/she wet the bed? Yes/No
   If yes, how often? .....................................................................................................................

7. Has he/she had the combined Diphtheria, Tetanus, Toxoid booster injection? Yes/No
   If yes, what year was the last booster given? ..............................................................................

8. Does your child suffer from travel sickness? Yes/No

9. Does your child have any food allergies that necessitate special dietary considerations?
   This does not include foods that the student does not like. Yes/No
   If yes, please specify....................................................................................................................

$\times$

Parent or Caregiver Consent to seek Medical Attention
Medical Treatment

I hereby agree to my child .................................................. from Class ........... participating in the Year 3 / 4
Zoosnooze. I understand that travel will be by bus and that he/she will be staying at Taronga overnight.

In the event of any accident or illness, I authorize the obtaining of such medical assistance on my behalf that my
child may require.

Your medicare number is required in order to receive immediate medical attention should this be necessary.

Medicare No: ........................................

Health Care Card No: ........................................

Signed: ................................................................. Date: ..................................................

Parent/Caregiver

Thank you for your cooperation in completing this form.

[Signature]

Mr John Lister
Assistant Principal