



POSITIVE RELATIONSHIP DAYS Thursday 17th and Friday 18th November, 2016

Dear Parents/Carers,

Tumbi Umbi Campus has organised two Positive Relationship Days for all students in Years 7, 8, 9 and 10. There is **no cost** associated with this excursion.

The two days are highly structured and organised, giving our students the opportunity to be involved in a range of physical and social activities with different year groups. In the past the days have been very successful and have added to students' sense of belonging to the campus and helps strengthen friendships across the years.

Travel will be by bus. The group will depart from Tumbi Umbi Campus following roll call and will return to the campus by 2pm. School buses will operate as normal. Students are **not** permitted to walk home from Toowoan Bay Beach.

Staff attending are trained in emergency care and CPR.

Students will need to

- Wear their **sport uniform** with enclosed shoes on both days
- Wear a hat
- Bring swimmers, thongs and a towel
- Bring and use sunscreen throughout the day
- Bring food and plenty to drink.
- Bring money if they need to purchase items from the Toowoan Bay canteen

All students will need to return the attached permission slip. Any student without a permission slip will be unable to participate in any water based activities. Students will be assessed on their swimming competency on the day by a trained staff member.

Thank you for supporting your child's active involvement in these two days. They are just one part of our many programs, which aim to build strong relationships between our students.

Completed permission notes and payment are due back to Miss Wilson and Mr Joseph in Staffroom 1 by: Tuesday 15th November, 2016.

Thanking you for your support,

Yours sincerely,

Excursion coordinator

Principal

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

PERMISSION – Positive Relationship Days 2016

I do / do not consent to participating in an excursion to **Positive Relationship Days at Toowoona Bay** where they will **participate in a variety of beach games and swimming.**

My son / daughter 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.

Please circle swimming level: non swimmer poor swimmer competent swimmer
(50m or less)

Parent/ Carer Signature

Date

I give permission for photos/videos of my child to be used by TLSC, Tumbi Umbi Campus for promotional purposes in the school newsletter and website.

Medical Information Form – (Positive Relationship Days 2016)

The information provided on date above[*Parent Name/Carer*] is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about[*Student 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, Tumbi Umbi Campus.

It will be used by officers of the NSW Department of Education and Training 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 may mean 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: *Class:*

Medicare number

Parent or caregiver contact details

Name:

Address:

Home phone: *Work:* *Mobile:*.....

*Please complete all fields of this permission note and medical form.
Verbal permission cannot be given for an excursion.*

Doctor contact details

Name:

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Address:

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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.). Outline the treatment for each.

(PLEASE DO NOT LEAVE BLANK – WRITE NIL IF NOT APPLICABLE)

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Outline special dietary needs including possible reaction to inappropriate diet

(PLEASE DO NOT LEAVE BLANK – WRITE NIL IF NOT APPLICABLE)

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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)

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Please return this form by: ...Miss Wilson or Mr Joseph in Staffroom 1 by Tuesday 15th November