



*Our Lady of Good Counsel  
Catholic School*

11 Currie Road, Forestville, N.S.W. 2087

Telephone: 9972 7311

Facsimile: 9451 1240

ABN No: 30 842 913 699

*Diocese of Broken Bay*

Thursday, 4 April 2019

**NORTHERN BEACHES EISTEDDFOD: Performance Choir**

Dear parents/care-givers,

The OLG School "Performance Choir" (Years 4-6) will be competing at the Northern Beaches Eisteddfod on **Thursday, May 30, 2019**. The choir will perform 2 songs and listen and watch the performances of 7 other local primary school (3-6) choirs.

The children will be transported to and from the venue by private bus charter, accompanied by Mrs. Webster and another staff member. The bus will leave school at 11 am and return to school at approximately 2:15pm.

The children must wear their FULL WINTER SCHOOL UNIFORM (no sports uniforms) with polished school shoes and neatly groomed hair.

The children will eat their recess at school before we depart, and their lunch on their return. They will take only a (labelled) water bottle with them on this excursion. Hats will not be required as we are indoors at all times.

We also encourage parents and friends to come and cheer the children on! Our section commences at **12pm** at the **Dee Why RSL Club Auditorium** and we are scheduled to sing 7<sup>th</sup> (out of 8 performances). We have been advised the event will take approximately 90 minutes including adjudication. A small admission fee is charged at the door for audience members.

Kindly complete BOTH SIDES of the attached medical consent form for this excursion, and return to the school office (via your child's classroom office bag) **NO LATER THAN Monday May 27.**

If for some reason your child will be unable to attend this event, please advise me as soon as possible via the email address below, or the "Remind" app.

Kind regards,

Sarah Webster  
OLGC School Choir Director  
[sarah.webster@dbb.catholic.edu.au](mailto:sarah.webster@dbb.catholic.edu.au)



**Parent / Caregiver Excursion Consent and Student Medical Information Form**

Details

School Our Lady Of Good Counsel Catholic Primary School  
Excursion Choir performance: Northern Beaches Eisteddfod  
Date: Thursday May 30, 2019

I, \_\_\_\_\_ parent / guardian of \_\_\_\_\_  
(name of parent or guardian) (strike-out inapplicable) (name of student)

give my:

1. permission for my child named above to attend the excursion described above, which I understand has been approved by the school Principal,
2. consent for my child to travel on or in any form of public or private transport where such transport is deemed by the school to be necessary or desirable for the safe conduct of the excursion,
3. consent for my child to participate in all activities, outings, trips and functions arranged as part of this excursion,
4. consent for the school, by its servants or agents:
  - to seek such medical or dental advice on behalf of my child as seen fit in the event of accident or illness, and
  - if, in the opinion of an attending medical or dental practitioner or medical officer (*'health practitioner'*) my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that *health practitioner* giving such attention or treatment

*provided that reasonable efforts are made to inform me of any serious injury or illness,*
5. certification that the consent which I have given in paragraph 4 is valid at all times while my child is in the custody of the school while attending or participating in the excursion,
6. certification that I understand that the school will take reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be directly responsible for any act or omission of any *health practitioner* attending or treating my child, and
7. certification that if my child should bring or consume drugs, alcohol or cigarettes or otherwise exhibit behaviour that seriously endangers themselves or others, I will bear the full cost of return transport home for my child and any adult supervisor that may be required to ensure the safety of my child during that transport.

Permission

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent / Guardian)

Medical Information

Student's date of birth \_\_\_\_\_ Ambulance cover  Yes  No

Medicare no. \_\_\_\_\_

Is your child in good health?  Yes  No

Does your child suffer any chronic illness?  Yes  No

Does your child suffer any disability?  Yes  No

Details \_\_\_\_\_

Does your child suffer any allergy?  Yes  No

Details \_\_\_\_\_

Has your child suffered any acute illness in the past four months?  Yes  No

Details \_\_\_\_\_

Does your child need to take any form of medication on the excursion?  Yes  No

Medication	Dosage	Frequency	Medical purpose
_____	_____	_____	_____

This medication is to be kept on the excursion by:  my child (secondary student)  nominated staff member (primary student)

Does your child have any special dietary requirements?  Yes  No

Details \_\_\_\_\_

Emergency

Contact details in case of accident or illness:

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Phone (mobile) \_\_\_\_\_

Authority

I understand that the information I provide on this form will be handled in accordance with the Diocesan Privacy Policy and the *Privacy Act 1998*.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent / Guardian)