



17<sup>th</sup> September 2022

## Nan Tien Temple and Botanical Gardens excursion

Dear Parent / Caregiver,

K – 2 Students will be going on an excursion to the Nan Tien Temple and the Botanical Gardens.

**Activity:** Nan Tien Temple and the Botanical Gardens

**Location:** 180 Berkeley Road, Berkeley and Murphys Ave, Keiraville

**Date:** Thursday 17th November - Week 6

**Transport:** Bus

**Time:** 9.00 am – 2.55 pm

**Cost:** \$28.00

**Supervision:** Miss Emms, Ms. Brsakovski, Mrs. Green, Ms. Speed and Mrs. Adams

**Extra:** As part of the visit to the temple, students will participate in a lunch. Lunch will consist of- Fried Rice, chips/ potato wedges, and a spring roll.

### **Student inclusions:**

- School Uniform
- Enclosed footwear
- Sunscreen & hat
- Wet weather jacket
- Crunch and Sip, and Recess
- A drink

### **Payment Advice:**

If the cost of this excursion will cause your family undue financial hardship, please contact **Mrs. Cavill on 4284 4527 by Monday 7th November 2022**, to make alternate arrangements. Any enquiries will be treated with the strictest confidence.

### **Risks associated with this activity have been identified to include:**

Vehicular accident, allergic reactions, asthma, falling, walking on uneven surfaces, bites/scratch from an animal, contracting allergies/disease, over exposure to sun.

**Please note, unless you have previously contacted the school, if money and permission note have not been received by Monday, 14<sup>th</sup> November 2022, your child may not be able to attend this excursion.**

Ms Kelly Brsakovski  
**Excursion Coordinator**

Jayne Emms  
**R/Principal**

# Nan Tien Temple and Botanical Gardens consent form

All payments are due by Monday, 14<sup>th</sup> November 2022

I give permission for \_\_\_\_\_ of class \_\_\_\_\_ to participate in the excursion to the Nan Tien Temple and the Botanical Gardens.

- I know and understand that travel is by bus.
- I enclose the sum of \$ 28.00 to cover the costs involved.
- I have paid online, and my receipt number is \_\_\_\_\_.
- If required, I consent to the supervising teachers seeking medical assistance that may be considered necessary.

\_\_\_\_\_  
*Parent / Caregiver Name*

\_\_\_\_\_  
*Parent / Caregiver Signature*

Date: \_\_\_\_/\_\_\_\_/2022

Parent/carer contact phone number on this day: \_\_\_\_\_

## **Health Details:**

Does your child suffer from any medical condition? (Asthma, diabetes, epilepsy, travel sickness, etc.)

Please note any details of the medical management program that the teachers may need to be aware.

\_\_\_\_\_  
\_\_\_\_\_

Give details of any medication that your child will need dispensed during this excursion:

\_\_\_\_\_

Give details of any allergy your child has to common foods, plants, insect bites, medication etc.

\_\_\_\_\_

In what year was your child last immunised against tetanus? \_\_\_\_\_

Is there any other information we may need to be aware of, that may impact on any of the activities to be undertaken during this excursion?

\_\_\_\_\_  
\_\_\_\_\_

Medicare Number: \_\_\_\_\_

Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_