





Thursday 28 July 2022

Dear Parents/Carers,

COVID-smart Measures - Stage 2 Wedderburn Overnight Excursion Years 3 & 4 — Wedderburn Overnight Excursion 2022 208 Minerva Road Wedderburn Monday 8 and Tuesday 9 August 2022

We are looking forward to attending the Stage 2 Wedderburn overnight excursion on Monday 8 and Tuesday 9 August 2022. Due to the current NSW Department of Education guidelines, it is important for our school to plan COVID-smart measures to reduce any health risks to students and staff attending the excursion. It is also important to understand that these guidelines might be updated once again and new procedures might need to apply or implemented.

The COVID-smart measures are as follows:

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

I understand that my child will complete a Rapid Antigen Test (RAT) prior to leaving home, on the morning before departure, and not attend the overnight excursion / camp if the test result is positive.

I understand that I will be required to collect my child from the accommodation venue immediately if they become ill and present with COVID-like symptoms.

Should a student test positive, all students in the same room / cabin will be considered higher-risk contacts (household contacts). I understand that I may be required to collect my child from the accommodation venue immediately if they are deemed a higher-risk (household) contact and will need to follow the NSW Health guidelines for people exposed to COVID-19. <a href="https://www.nsw.gov.au/covid-19/management/people-exposed-to-covid-to-covid-19/management/people-exposed-to-covid-to

I give permission for a teacher to conduct a rapid antigen test on my child if they present with COVID-19 symptoms and understand that they will be required to wear a mask.

I acknowledged that the venue(s) being visited will have their own COVID-19 safe protocols.

To reduce any health risks to students and staff attending the excursion, we ask that parents/carers carefully read the COVID-smart measures and return the signed agreement to school by . Tuesday 2 August 2022.

For further information please go to https://education.nsw.gov.au/covid-19/advice-for-families

Thank you for your continued support

Androula Kavallaris

Principal









To reduce any health risks to students and staff attending the excursion, we ask that parents/carers carefully read the COVID-smart measures and return the signed agreement to school and the medical form by Tuesday 2 August 2022.

COVID-smart Measures - Stage 2 Wedderburn Overnight Excursion Years 3 & 4 - Wedderburn Overnight Excursion 2022 208 Minerva Road Wedderburn Monday 8 and Tuesday 9 August 2022

_____ (print name), parent / carer of _____ (child's

name) in class, have read and agree to the COVID-smart guidelines as outlined below:	
• I agree to conduct a rapid antigen test on my child prior to leaving home, on the morning before departuant and not attend the overnight excursion / camp if the test result is positive.	ıre,
 I agree to collect my child from the Wedderburn camp site immediately if they become ill and present w COVID-like symptoms. 	ith
• I give permission for a teacher to conduct a rapid antigen test on my child if they present with COVID-19 symptoms and understand that they will be required to wear a mask.	
• I understand that if my child tests positive to COVID-19, whilst on the excursion, they will be required to temporarily isolate, under the supervision of a teacher and wear a mask.	
• I understand that if my child tests positive to COVID-19 or is considered a high-risk contact whilst on the excursion, I will be required to collect them from the excursion and self-isolate at home for 7 days.	
 I understand that school representation and attendance at excursions, special school activities and out of school activities is dependent upon the continued demonstration of appropriate behaviour and an appropriate attitude in all aspects of school life. I also understand that my child's participation is subject to meeting the expectations. 	riate hese
NSW Department of Education Consent Statement:	
I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.)r
Parent/Carer Signed: Date:	

	Kentlyn Public	School - Medical infor	mation form - 2022
I ne inform	ation is being obtain	red for the number of accord	pining relevant madical information
requiremen	its and other nealth ca	are related needs about	(Student Name) who school excursions, sporting activities
or other edu	ucational or school ac	ctivities conducted by or in con	unction with Kentlyn Public School.
It will be us	ed by officers of the	NSW Department of Educatio	n and Training to assist planning, to
activities.	dents, and to minimis	e risks when conducting schoo	l excursions, sporting or other school
Other perso	ons or agencies that r	may be provided with this inforr	nation include, but are not limited to,
i volunteers a	and members of exter	mal organisations who ioin with	the school or are otherwise involved.
i be called up	oon to provide health sions or activities.	care treatment or other assist	chool activity; and persons that may ance during or as a consequence of
Provision of	this information is no	ot required by law. However, a f	ailure to provide the information may
mean mai	your child cannot r	participate in a particular exc ake available a sound alternativ	turgion or echool activity. In acat-
Provision of	this information will s	ignificantly assist the school in	planning a safer educational activity.
IL WIII DE STOI	red securely. If you ha principal to discuss fu	ave any concerns about provision	on of this information, please contact
You may co	rrect any personal in	formation provided at any time	by contacting the school office.
Student nan	ne:		Class:
Medicare nu Parent or c	ımberaregiver contact de	tails	
Parent 1:			
Address:		***************************************	
Auuress.			***************************************

Home phone	a:	Work:	Mahila
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ννοι Α	Mobile:
Parent 2: .	***************************************	Work:	Mobile:
Doctor cont	tact details		
Name:			
	*************************	•••••••••••••••	••••••
Address:	***************************************		
			·
I	Doctor's telephone:		·
		nominated by the parent or c	2aregiver as alternate contact)
	•••••		Phone:
2. Name:			Phone:
			1 110110

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.
Outline special dietary needs including possible reaction to inappropriate diet
Medication(s) to be administered during school hours or on excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

Signatura
Signature: Date:
Please return this form by: Tuesday 2 August 2022