

For the Future...

Madeley
Primary School

For the future

9th August, 2017

Dear Parent/Caregiver,

Your child has been invited to attend a series of interactive workshops and exhibits at the Ashdale Cluster STEM Expo, on Tuesday 29 August 2017. The Expo provides an opportunity for students in Year 5, to experience hands on activities that build engagement in STEM fields and will feature displays of project work from the primary schools.

The cost of the excursion is **FREE** and is a full day.

Students will need to be **dropped off and picked up from Ashdale Secondary College**. There will be a designated 'Kiss and Ride' area on Carlingford Drive, adjacent to the Darch Shopping Village. Please see attached map.

Further information:

Tuesday 29 August 2017

- 8:30am Students arrive at ASC and will be supervised at muster point
- 8:45am Roll taken and instructions provided for the day
- 9:00am Workshops/Exhibits
- 10:55am Recess
- 11:30am Workshops/Exhibits
- 1:25pm Lunch
- 2:05pm Workshops/Exhibits.
- 2:55pm Students are to be collected from ASC

What To Bring: school bag, hat, recess/lunch and a water bottle

If you would like your child to attend the Expo, please fill out the CONSENT FORM, STUDENT HEALTH CARE SUMMARY and DIGITAL RELEASE FORM attached to this letter and return to their classroom teacher by Tuesday 15th August 2017.

If there is an emergency and contact needs to be made with a teacher during the excursion they can be contacted on **9302 7100**.

Yours sincerely,

Mrs Jenny Wheeler
STEM Coordinator
Madeley Primary School



PARENT/GUARDIAN CONSENT FORM FOR EXCURSION

NAME OF EXCURSION _____

THIS FORM MUST BE RETURNED SIGNED TO THE SCHOOL BY _____

THE STUDENTS WILL BE TRAVELLING BY CAR WITH THEIR PARENT/S.

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the organisers well before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment.

Parent/Guardian Contact Information

☎ Home: _____	☎ Work: _____	☎ Mobile: _____
Other: _____		
Please complete and sign this section:		
I have read and understood the information regarding the excursion to _____ on _____ and give consent for my son/daughter: _____ to attend this activity.		
Who will be dropping off and collecting your child:		
Relationship to student: _____		
Name: _____		
Phone Number/s: _____		
Signature of parent/guardian: _____ Date _____		

EXCURSION PERMISSION AND MEDICAL DETAILS

EVENT: **ASC STEM EXPO**

DATE: 29 August 2017

COST: FREE

VENUE: **Ashdale Secondary College**

FORM DUE BACK: **18 August 2017**

Ashdale
Secondary College



"Achieving a Positive Future"

STUDENT HEALTH CARE SUMMARY

CONFIDENTIAL

This confidential report is intended to assist the school and supervising teachers in case of any emergency with your child and is required for all children attending education excursions

If you son/daughter has special needs please provide full details and include any relevant medical details below.

Student Name: _____ Mentor Group: _____

Student's Date of birth.....Parent's/guardian's full name.....

Address.....

Postcode..... Home Number

Mobile Numbers PG1 Mobile Numbers PG2.....

Please tick if your child suffers from any of the following:

- ☐ Heart Condition ☐ Travel sickness ☐ Dizzy spells ☐ Fits of any type ☐ Black outs
☐ Other ☐ Migraine ☐ Asthma

(please provide adequate information)

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.....

Allergies to:

- ☐ Penicillin
☐ Other drugs (please provide adequate information).....
☐ Any foods.....
☐ Other allergies.....

Tetanus Immunisation: Last immunisation was on If over 10 years since last immunisation,
please tick if booster is to be arranged by parent/guardian before excursion ☐ Booster date

Tablets and medicines: Is your child presently taking tablets and/or medicine? ☐ YES ☐ NO

☐ If YES, please state name of medicine and dosage

.....
Arrangements for safe-keeping and handling of medicines are to be made prior to the excursion.

If the proposed excursion posts any additional health risks to those identified above, please outline these to those identified in the Student Health Care Summary, e.g if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of adrenaline auto injector at the appropriate temperature. Please outline additional health risks below:

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I consent to my child _____ participating in the excursion to *Ashdale Secondary College* on 29 August 2017

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage, which may occur on an excursion, unless the school or its employees are proven to be negligent.

Signed..... (Parent/Guardian) Date.....



Department of
Education

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DIGITAL RELEASE FORM

Permission to publish images of individuals and their work.

Person photographed/submitting work samples (print please)

..... Year level (if applicable)

Person's school / college / company

Address of school / college / company

.....

The undersigned / undersigned parent, carer or guardian (delete as applicable) hereby grants copyright to the Department of Education and Government of Western Australia and gives permission to use written and verbal quotes, photographs, videos and digital images of the above person and/or their work. These videos/pictures/work samples may be used in print, media and electronic publications including the Department intranet and internet and other publicly accessible websites.

The work may be published with a grade. The student's name and any identifying features will be removed from written work samples.

Signature Date

If aged under 18, this form must be signed below by parent / carer / guardian.

Signature Date.....

Name (please print) Contact no.

ASC STEM Expo – Student Arrival/Departure Map

