



PLATTSBURG PUBLIC SCHOOL

Incursion: Movie and Pyjama Day 4-6

CLASSES ATTENDING	PPS Students 4-6	
When	09/12/2020	
Where	Plattsburg Public School	
Times	TBC	TBC
Dress	<u>Pyjamas</u>	
Transport	N/A	
Cost	\$5 (Cash Only)	Closing Date: 04/12/2020
Additional Needs	Pyjamas	
Supervising Teacher/s	Miss Rose and Miss Wiffen	

If you wish your child to attend a Parent/Carer is required to complete the attached permission note and return to school on or before the closing date.

Year 6 are holding a pyjama and movie day to help raise funds for their Year 6 Graduation Day. There will be two separate viewings to accommodate current COVID guidelines. The K-3 movie and pyjama day will be on Tuesday 8th December, with a Year 4-6 movie and pyjama day on Wednesday 9th December.

The cost of the movie day will be \$5. The price includes the movie in the hall, a popper and a bag of lollies.

IMPORTANT NOTICE

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for:

- Bringing this need to the attention of the school

- Ensuring that the information is updated if it changes

- Supplying the medication and any 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date.

- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion. For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline auto-injector (i.e. EpiPen® /Anapen®) for example.



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Parent/Carer Permission

I hereby consent to participating
(Student's Name)

in an incursion for the 4-6 Movie and Pyjama Day.

I understand that my child will receive medical treatment in the case of an emergency.

Special needs of my child of which you should be aware.

(e.g. illnesses, allergies, medication - please provide full details):

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.....

Parent/Guardian Name _____

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(Signature of Parent/Carer)

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(Date)

PRIVACY ADVICE

The information provided on this form will be used by the school as part of its duty of care to ensure the well being of students during the excursion/activities. The information will be provided to supervising staff and will be used for communication with parents/carers if necessary. The health related information is collected for the primary purpose of ensuring the health and safety of students. It may be used and disclosed to medical practitioners, health workers and staff at venues for this primary purpose or directly related purposes. Provision of this information is not required by law; however, failure to provide this information may affect your child's ability to participate in the excursion. It will be stored securely at the school. You may access and correct any personal information provided at any time by contacting the school office.