



James Sheahan Catholic High School Orange

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9 October 2017

Dear Parent/Carer

The purpose of this letter is to provide information for you and your child to ensure that their time away on the Sydney Excursion is safe and meaningful.

	CLASSES	DATES	DEPARTURE DETAILS
GROUP 1	7 Flynn Omeara Ita Bourke	Thursday 26 to Friday 27 October 2017	Assemble at 5.00am in the school bus bay for a 5.15am departure on Thursday 26 October 2017
GROUP 2	7 Molloy Sheehy Emilian Hennessy	Thursday 2 to Friday 3 November 2017	Assemble at 5.00am in the school bus bay for a 5.15am departure on Thursday 2 November 2017

- Students will return to James Sheahan Catholic High School (school bus bay) at 7.30pm on Friday night and will need to be picked up from the school bus bay at this time. **Please be at the school to collect your child by 7.30pm.** Any change in this time will be posted on the school Facebook page. If your child has their phone on them and it looks like we are not running to schedule, the staff will ask them to try to contact you when we are leaving Lithgow.
- Prior to our departure very early on Thursday morning, it is critical that everyone gets a good sleep at home on Wednesday night.
- Students must bring their own morning tea and lunch with them on Day One, dinner will be provided at night. Breakfast and lunch will be provided on Day Two. Students must bring enough money to cover morning tea on Day Two.
- Students are to wear their School Sports Uniform on both days. Please keep packed items to the above list as space under the coach is limited. The students will be staying at the Salvation Army Centre Collaroy. The telephone number is 9982 9800. Please ensure that you have completed the attached medical form in as much detail as possible so that your child's needs can be addressed. If your child may have need of an EpiPen it is vital that it is carried with them at all times and is not in their school back pack.
- Students are **not** to bring soft drink or energy drinks of any kind on the trip. It is vital that they have 2 full water bottles.
- It is requested that your child does not bring lollies. Experience has shown that large amounts of sugar from excessive amounts of lollies will not assist students to settle for a good night's sleep while we are away.
Teachers are very willing to provide this wonderful learning opportunity for your child but they need rest and recuperation time at night.
- Students should bring their **school bag** as their day pack.
- We would prefer that your child does not bring their phone but if they do bring it they will need to take sole responsibility for them and have them clearly labelled with their name. Use of their phone will be restricted.
- Please clearly label all their items of clothing, towels, including their school back pack and school hat.
- Please remember the school **hat and sunscreen** is essential.
- All attached paperwork is completed and returned to the school office by **Friday 13 October 2017.**
- If your child is taking medication it must be in the original chemist prescription box with the doctor's dosage clear. Please place this in a snap lock bag with your child's name clearly marked on the bag. No student should carry medication of any type, with the exception of an EpiPen, with them

Packing list

- School sports uniform/school joggers
- Morning Tea and Lunch on Day 1
- 2x Water bottles
- Change of clothing for beach games
- Sleeping bag
- Nightwear
- Toiletries – deodorant, toothbrush, toothpaste, soap
- Rainwear (poncho from reject shop/\$2 shops)
- **School cap/hat**
- Towel x 2
- Sunscreen
- Spending money – not essential
- Swimming costume lycra/nylon (t-shirts, bike pants, leotards and cut-off jeans are **NOT** acceptable)
- Plastic bags for wet clothing and towel
- School bag to carry lunch and iPad
- PLEASE CLEARLY LABEL ALL ITEMS AND BELONGINGS

Itinerary

VENUE	TIME	CLOTHING
DAY 1		
Depart JSHCS (Apple City Tours)	5.00am	
Taronga Zoo	9.30am – 12.30pm	School sports uniform to be worn all day until arrival at Salvation Army Collaroy Centre. Students are to carry their school back pack with morning tea, lunch, iPad during the day, sunscreen, water bottles and spending money.
Ferry rides from Zoo to Circular Quay and then walk to St Mary's Cathedral – lunch in Botanic Gardens Tours of St Mary's Cathedral	12.30pm – 2.00pm 2.00pm – 3.30pm	School Sports Uniform
Accommodation – Free Time and games at Collaroy Centre - Dinner Collaroy Centre	3.30pm – 5.30pm	Casual clothing
Beach Games Movie and Ice Cream	6.30pm – 9.00pm	Casual Clothing
DAY 2		
Breakfast at accommodation	7.00am	
Beach walk	9:00am	
Walk across Sydney Harbour Bridge from The Rocks	10.00am	
Luna Park	11.00am - 1.30pm	
Sydney Olympic Park	2.00pm – 4.00pm	
Return to JSCHS	7.30pm	

At all times we can be contacted on the school mobile phone **0429 877 747**.


A copy of this letter can be found on the school website. Please contact Mr Nathan Short (Year 7 Coordinator) or Mrs Michelle Whiteley (Wellbeing Coordinator) if you have any further questions.

Please return the attached medical form, phone and swimming information to Mrs Kennedy in the School Office by Friday 13 October 2017

We are very grateful to the staff that have been prepared to reorganize their own family and personal life to make themselves available to attend the Year 7 Excursion. Without their generous support of this time away the experience would not be possible. Please discuss with your child the necessity to be considerate and appreciative of the substantial gesture these staff have made by ensuring that their behaviour reflects your family and the school's values while we are away. It is essential that all students attending the time away have the intention of being cooperative and respectful.

The staff are really looking forward to sharing a great couple of days with your children. See you all at 5.00am on Thursday morning!

Kind Regards



Nathan Short
Year 7 Coordinator



Michelle Whiteley
Wellbeing Coordinator



James Sheahan Catholic High School Medical Form
YEAR 7 EXCURSION SYDNEY 2017

STUDENT INFORMATION:

First Name: _____ Last Name: _____
(as appears on Medicare Card)

Date of Birth ___/___/___ Sex: Male / Female

- Aboriginal Non-indigenous
 Torres Strait Islander Aboriginal/Torres Strait Islander

Medicare Number (10 digit); ID Number and Expiry Date
 _____ ID ___ Exp Date ___/___

Pension/Vet Affairs/Health Care Card No: _____ Exp Date ___/___
(Not Private Health Insurance Number)

SWIMMING ABILITY:

- Strong – 50m unaided Average – 25m unaided
 Poor – 10m Non-Swimmer

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to Child: _____

Phone Details: (Must have contact for day and night)

Day: _____

Night: _____

Mobile: _____

Permanent Residential Address (as appears with Medicare, not PO Box)

Street No. & Name: _____

Town: _____ State: _____ Postcode: _____

Name of person responsible for medical bill payment: _____

Medicare Number (10 digit); ID Number and Expiry Date
 _____ ID ___ Exp Date ___/___

Date of Birth ___/___/___

Due to the Privacy Policy the medical practice JSCHS uses during our time away is unable to leave a message or speak with any person other than the patient unless they have the consent signed below.

Parent/Carer Name (Please print): _____

Parent/Carer signature: _____

HEALTH DETAILS:

Does the participant suffer from the following?
(If yes to one or more, please attach details as required)

- | | |
|--|--|
| <input type="checkbox"/> Current Illness | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Allergic Condition | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Behavioural Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Chronic Illness |
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD) | <input type="checkbox"/> Asthma <small>(include Asthma Plan)</small> |
| <input type="checkbox"/> Other _____ | |

CURRENT MEDICATION:

(Please advise at time of departure if medication needs have changed)

Name of medication; Time (please specify exact time); Dosage Frequency (eg 2 tablets)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Administering of Paracetamol eg Panadol, Heron, Nurofen

Occasionally students ask for pain relief for headache or similar. If you do NOT wish your child to be given pain relief please sign below.

Parent/Carer Name (Please print): _____

Parent/Carer signature: _____

I do not wish my child to be given Paracetamol (eg Panadol, Heron, Nurofen)

IMMUNISATION:

Has he/she had the combination Diphtheria Tetanus Toxoid booster injection

- Yes / No

Has he/she been immunised against measles? Yes / No

SPECIAL REQUIREMENTS or DIETARY NEEDS:

Please identify any special needs not listed above.

Swimming Ability, Mobile Phone Ownership and Dietary Requirements

Swimming Ability

Students will not be swimming in the surf at Collaroy but their swimming ability needs to be indicated for their participation in the activities at the Sydney Olympic Park Aquatic Centre. At this venue close supervision is provided by lifeguards and there are activities that students can participate in from non-swimmer to advanced.

Name of Child: _____

(please print)

is a non-swimmer

can swim 25 metres freestyle and 15 metres with one other stroke

can swim 50 metres freestyle and 25 metres with one other stroke.

Parent Name _____

Parent Signature _____

Mobile Phone Ownership

Mobile phones can be used by the students to contact staff and each other during the visit to Taronga Zoo. We will collect the phone before the Cathedral Visit and it will be placed in a snap lock bag with your child's name on it and kept for safe keeping. It will be returned to your child in the morning, before Luna Park. This action supports the retreat philosophy of our time away. Please support the school by ensuring that you indicate on the slip attached if your child will be in possession of a phone. If you have a family emergency during our time away please do not contact your child but alert staff on the school mobile **0429 877 747** so that the best course of action can be discussed.

Mobile Phone Ownership

Name of Child: _____

(please print)

Mobile Phone number of student _____

will have their mobile phone on the Year 7 Sydney Excursion and understands that it must be handed in for safe keeping at night.

will not have their mobile phone on the Sydney Excursion.

Parent Name _____

Parent Signature _____

Dietary Requirements

If your child has any special dietary needs please indicate below
