

${\cal Q}$ Online Form - Year 1 Excursion - Coffs Harbour Butterfly House

Activity Name:	Year 1 Excursion - Coffs Harbour Butterfly House
Date/Time:	Wednesday 16 October 2024 9:15am - 2:30pm
Description:	Our Year 1 students will be visiting the Coffs Harbour Butterfly House. Students will be engaging in an informative butterfly talk with a guided tour of the butterfly house, access to the maze, dinosaur forest and the dinosaur presentation
Cost:	\$40.00
Venue:	Coffs Harbour Butterfly House
Transport:	Buses will leave from Armidale Street at 9:15am sharp and return at approximately 2:30pm in time for buses home
Dress Code:	Students will need to wear full sports uniform, fully covered shoes (joggers) and must bring their school hat and wear sunscreen
Food:	Recess, lunch and a refillable water bottle in a small backpack or bag. Food will not be able to be purchased at the venue
Additional Information:	 I have read the information provided and I hereby consent to my child participating in this event. I confirm that my child will not attend if displaying symptoms of illness and to the best of my knowledge, my child has no medical condition or injury that places them at risk by participating in this sport or activity. I acknowledge students' behaviour must be exemplary for them to attend this event. Students must comply with SGPS student behaviour policy and NSW Public Schools behaviour code for students. I acknowledge that if my child sustains a concussion, or experiences any concussion symptoms, in the 14-day period prior to the event commencing, I am required to report this to the school. I further acknowledge that, should this occur, my child will only be permitted to participate in the event, if a medical clearance is provided.
Due Date:	Friday 27 September 2024

I have read the above details and give consent for my child, to attend the Year 1 Excursion - Coffs Harbour Butterfly House *
○ Yes ○ No
Student Name:
Parent/Carer Name: *
Parent/Carer Phone Number: *
Paletti/Calet Photie Number.
Medical conditions/information relevant to the activity (including any medication required):
Parent/Carer Signature: *
Please note: Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page.