

Clairgate Public School

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YEAR 4 C.A.R.E.S ROAD SAFETY PROGRAM

Dear Parents/Caregivers,

Year 4 will be attending a road safety education program at St Marys C.A.R.E.S. The program has been specifically designed for school children in Years 4 to 6 and aims to teach the basic road rules and skills to enable them to survive on the road system and become responsible road users now and in the future. The year 4 classes will be attending on different days.

Date:	4W & Wingaru 3/4P & 4/5R	Tuesday, 28 th March 2023 Wednesday, 29 th March 2023		
Cost:	\$18.00			
Depart:	8:45am from school			
Return:	3:00pm to school			
Bring:	 Recess, lunch and plenty of drinks in a school bag (there is n canteen) Approved Bike Helmet with the Standards Australia sticker Sunscreen 			
Wear:	 Clairgate summer uniform (no skirts or dresses) Clairgate hat Enclosed footwear such as runners – NO thongs or sandals 			

Hair needs to be tied in a low ponytail to ensure that helmets fit correctly

Bikes will be provided for the students to use and C.A.R.E.S has a small selection of helmets if needed.

Please return your completed permission note and payment to the office money box by **Thursday, 16th March 2023**

Mrs Lawrow Principal

YEAR 4 C.A.R.E.S ROAD SAFETY PROGRAM

I give permission for my child _____ _____ of class _____ to participate in the Year 4 C.A.R.E.S Road Safety Program on

Tuesday 28th March – 4W & Wingaru or Wednesday 29th March – 3/4P & 4/5R

Travel will be by bus. Accompanying teachers have CPR, Emergency Care & Anaphylaxis training.

I enclose **\$18.00** payment.

To the best of my knowledge, he/she has no medical condition, disability or injury which puts him/her at risk in participating in this activity. In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child may require.

Medicare No: ______ (for use at medical centres)

MEDICAL INFORMATION

Please complete the medical information and return with payment to the office money box by Tuesday, 16th March 2023

Emergency Contact's Name:	Home No: Work No: Mobile No:
Relationship to student:	
Mother 🗖 Father 🗖 Grandparent	Relative Family Friend
D Other	

Please list existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies, headaches, nose bleeds, heart problems etc). Outline the medication and treatment for each.

Illness	Name of Medication	Treatment and Dosage

Signed: _	
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Parent/Caregiver

_____ Date: _____

I have made an online payment.

My receipt number is ______ Date_____ Date_____

Important Information: In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the department of its duty of care to students that may result in claims for compensation.

Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, region and state school sport associations when deciding whether additional insurance cover is required prior to their child's involved in the program. Personal accident insurance cover is available through normal retail insurance outlets.

The Department of Education has School Ambulance has School Ambulance Cover which provides coverage in the event that students have no other form of ambulance cover.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. The Supplementary Scheme does not cover medical expenses or dental costs. Further information can be obtained from https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref.

Privacy Notice

The personal information provided on this permission note, will be used and disclosed by the Department of Education for general administration, communication with parents or carers and matters relating to the health safety and welfare of your child in connection with your child's participation at this event or for any other purpose required or permitted by law. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be held securely and disposed of securely when no longer needed. You may correct personal details recorded on the form at any time by contacting the school.

Publishing student information: The Department of Education may publish or disclose information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community.

This information may include your child's name, age, information collected during this event such as photographs, sound & visual recordings of your child.

The communications in which your child's information may be published or disclosed include but are not limited to:

Public websites of the Department of Education including the School Sport Unit website at https://app.education.nsw.gov.au/sport/

- the Department of Education intranet (staff only), blogs and wikis
- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department's websites
- Official Department and school social media accounts on networks such as YouTube, Facebook and Twitter.
- Local and metropolitan newspapers and magazines and other media outlets.
- Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

Permission to publish: I have read the information about disclosing and publishing student information (above) and:

I, ______ give/do not give permission for the Department to publish and disclose information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

Signed: ___