


## Year 4 – 6 END OF YEAR MOVIE DAY CONSENT FORM

Dear Parent / Carer,

To celebrate another great year at Tuggerah Public School, students will be participating in their annual end of year Movie and Party Day. This will involve the students walking to Tuggerah Westfield Shopping Centre to watch a screening of a movie, and on return to school, students will have a class party.

<b>Date:</b>	<b>FRIDAY 15<sup>th</sup> DECEMBER 2023</b> <i>If this event is cancelled for any reason details can be found on the Parent Portal</i>	
<b>Venue:</b>	Event Cinemas, Westfield Tuggerah and then in regular class for class party. <b>Students in year 4 – 6 will be watching: <i>Wonka</i> (PG rated)</b>	
<b>Time:</b>	Depart school approx. 9:40am / Movie 10:00am – 12:00pm / Arrive back at school approx. 12:30pm Class parties from 1:00pm until end of day	
<b>Staff:</b>	All Year 4 – 6 Teachers plus SLSO's	
<b>Transport:</b>	Students will be walking from Tuggerah Public School to Event Cinemas Westfield in a group and will be supervised by staff.	
<b>Cost:</b>	The cost for the movie is <b>\$12 per child</b> . Permission note and money due <b>no later than Thursday 30<sup>th</sup> November 2023</b>	
<b>What to bring / Clothing:</b>	Full school uniform is to be worn. Please bring a hat and sunscreen should be applied in morning.	
<b>Food:</b>	A bottle of water will be provided per child. No food allowed in cinemas. Class parties will be held on return to school.	
<b>Behaviour:</b>	Students must abide by all the rules of the event and to obey all requests given to them. Good behaviour will enable students to take part in future events. Misbehaviour has serious consequences.	
<b>Additional:</b>	<b>Important information</b> 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/Carers are advised to assess the level and extent of their child's involvement in the event or activity offered by the school when deciding whether additional insurance cover is required prior to their child's involvement in the activity. Personal accident insurance cover is available through normal retail outlets.	

Many thanks.



Crystal Pont

Excursion Co-Ordinator

DATE: 9<sup>th</sup> November 2023



Sharlene Percival

Principal



# Tuggerah Public School

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YEAR 4-5 "WONKA" MOVIE DAY PERMISSION SLIP

15<sup>th</sup> DECEMBER 2023

Permission note due no later than Thursday 30<sup>th</sup> November 2023

## Student details (please print clearly)

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Class: \_\_\_\_\_

## Student medical details

Medicare number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Please detail any medical or special needs which the supervising staff should be aware of, including medical, behaviour management or other specialised plans.

## Parent/Carer Acknowledgment and Consent (please circle)

- I have read the information provided and I hereby **consent / do not consent** to my child/ward participating in this event.
- **Student Code of Conduct:** I have spoken to my child and they agree to abide by all the rules of the events and to obey all requests given to me. I realise that good behaviour will enable them to take part in future events. Misbehaviour has serious consequences.
- I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures.
- I acknowledge and accept that there is a risk that my child/ward may be exposed to COVID-19 whilst attending and participating at this event.
- I confirm that my child will not attend if displaying symptoms of illness, and/or if directed to isolate under public health orders.
- I acknowledge that my child/ward will be under the duty of care of the supervising teacher during the event.
- I acknowledge that if my child/ward seriously contravenes behavioural expectation, they may be immediately excluded from the team. Should this eventuate, I accept full responsibility for my child/ward upon notification of their exclusion by the team manager including the cost return transport and accommodation.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility of expenses incurred.
- I acknowledge that if my child/ward 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 staff/team officials. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the event, if a medical clearance is provided.
- I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them at risk by participating in this sport activity.

Name: \_\_\_\_\_

SIGNED: \_\_\_\_\_

Parent/Carer

Date

Contactable phone number for day of event: \_\_\_\_\_

☐ I have paid for the event via the school website/app. Receipt Number: \_\_\_\_\_