



# Crystal Creek Public School

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27th April 2021

## 4/5/6 CYC Burleigh Excursion Medical and Dietary Requirements

Dear Parents / Carers,

Please fill in any medical and dietary requirements for your child and return this note by Friday, 30<sup>th</sup> April.

**When:** Term 2, Week 7, 31<sup>st</sup> of May until 2<sup>nd</sup> June 2021  
**Where:** 22 Rudd Street, Burleigh Heads QLD, 4220  
**Cost per Child:** \$300.00 - Includes food, accommodation and activities.  
**Next instalment:** \$50 per child – to be returned with note below by Friday, 30th April  
**Supervising Staff:** Mr Davis, Mrs Oakes, Mr Kane

I would like to my child \_\_\_\_\_ to attend the CYC Burleigh

Excursion. I understand that students will be travelling by bus and the cost is \$300.

### Swimming Ability

Non-swimmer       Weak       Medium- 25 metres       Strong 50 metres+

### Medical History

If your child has a medical condition / is under medical instructions / taking medication, please give full details.

\_\_\_\_\_

### Allergies

Does your child have any allergies? If so please list and give details.

\_\_\_\_\_

### Special Conditions

Are there any special conditions which apply to your child, such as

- Travel sickness       Yes    No \_\_\_\_\_
- Bed wetting       Yes    No \_\_\_\_\_
- Dietary needs (fussiness)       Yes    No \_\_\_\_\_
- Other (please elaborate)       Yes    No \_\_\_\_\_

***I give permission for any medical assistance necessary to be sought by the excursion supervisors for my child.***

Yes    No      Signed \_\_\_\_\_      Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(parent/caregiver)

I have attached \$ \_\_\_\_\_       I have paid \$ \_\_\_\_\_ by POP - Rec. \_\_\_\_\_

Signed: \_\_\_\_\_      Date: \_\_\_\_\_