



Excursion Permission Note

Vacation Care Visit to Nulkaba Primary for Traditional Indigenous Games

Date Wednesday 13th January 2021
Venue Nulkaba Primary School
 5 O'Connors Rd, Cessnock NSW 2325
Cost \$10.00 per child
Time of Excursion Departing Dudley Street at 9.30am
 Returning at 1.30pm
Transport Cessnock Multipurpose Children's Centre
 Toyota Coaster "Grandpa", Toyota Hiace "Billy"
 Toyota Hiace "Sally"
Drivers Jamie, Wendy, Tony
Supervision 1 Educator: 5 Children
Senior First Aid Officer Expert Educators hold current first aid qualifications
Educators Attending Ally, Emma, Emma, Britt, Corey, Rhianon, Cherokee,
 Grace, Dana, Virginia, Jacinta
Risk Assessment Completed by Nicole Morris and is available at the
 office for viewing
Essential Items Needed Picnic lunch with ice brick, wide brim hat, shirt with
 sleeves, **walking shoes (no thongs)**, water bottle



CMCC Emergency Contact Number: 4990 2687 Email: admin@cmcc.nsw.edu.au

Activities

We will bring in No Limits Sports who have selected the best games and activities from Aboriginal and Torres Strait Islander societies all around Australia! These games provide an opportunity to learn about, appreciate and experience aspects of Indigenous culture. They use these sessions not only to provide your children with a fun and energetic few hours but also as an educational program. The coaches explain the history of each game explaining where they originate from and all of the traditional equipment that was used.

I give permission for my child _____ to take part in the following activity: "Vacation Care visit to Nulkaba Primary for Traditional Indigenous Games" at O'Connors Road, Nulkaba between 9.30am and 1.30pm on Wednesday 13th January 2021.

I understand that my child will travel on Cessnock Multipurpose Children's Centre vehicle driven by our team of drivers and accompanied by expert educators Ally, Emma, Emma, Britt, Corey, Rhianon, Cherokee, Grace, Dana, Jacinta and Virginia.

Signed: _____ Date: _____

Relationship to Child: _____

Emergency Contact Name: _____ Phone: _____

DOES YOUR CHILD HAVE?

Asthma

Anaphylaxis

Need Medication

