

# Royal National Park Environmental Education Centre

## Welfare Information

Please notify the Centre of any students (first name only) or staff with welfare concerns at least **1 week before your visit**. Please sign and return the form even if there are no concerns. This information will be used to assist the safe management of students on excursion. It will be kept confidential.

For example:

- asthma, allergies, diabetes or other medical conditions
- physical disabilities such as broken limbs or using wheelchairs
- behaviour concerns
- special needs, including autism

**Please provide a copy of current action plans for applicable students**

|                                       |       |                                     |       |
|---------------------------------------|-------|-------------------------------------|-------|
| School name:                          | _____ | Date of visit:                      | _____ |
| Name of teacher in charge on the day: | _____ | Mobile number of teacher in charge: | _____ |
| Name of bus company:                  | _____ | Contact number of bus company:      | _____ |
| Number of students:                   | _____ | Number of teachers:                 | _____ |
|                                       |       | Number of other adults:             | _____ |

| Name (first name only) | Class | Health, Welfare, Behaviour or Special Needs |
|------------------------|-------|---|
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|                        |       |   |
|                        |       |   |

Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

Please **fax** (95454830) or **email** ([royalnatpk-e.school@det.nsw.edu.au](mailto:royalnatpk-e.school@det.nsw.edu.au)) this form back to Royal National Park EEC.



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Education