



**Sunday 28 August 2011**

84b Magellan Street  
PO Box 660  
LISMORE NSW 2480

**Byron Bay**

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Email [svdp@vinnieslismore.org](mailto:svdp@vinnieslismore.org)  
Website [www.vinnies.org.au](http://www.vinnies.org.au)

**Richmond Buddies Day**

**Location:** Byron Bay Lighthouse/Wategoes Beach

**Activity:** Walk from Lighthouse to the beach for games and lunch.

**Time:** 10-1pm

**Age:** 6-12 yrs

**Lunch:** BBQ @ Wategoes Beach

**RSVP:** ASAP Julie on 6698 0502 **by Friday 26<sup>th</sup> August before 5pm** or  
Mob. 0429 828 586

**Bring:** Water bottle, hat, wear long sleeve shirt, joggers, sunnies  
Remember to bring a hat, water and wear covered in shoes!!!



**You don't need to bring any money!!**

**Bus Timetable**

**Please be at the bus stop 10 minutes prior to departure.**

<b><u>BUS STOPS</u></b>	<b><u>Departure</u></b>	<b><u>Return</u></b>
<b>Alstonville Bus Stop:</b> Main Street	9 am	3 pm
<b>Ballina :</b> Tamar Street Bus Zone	9.30 am	2.30 pm
<b>Byron Bay:</b> Lighthouse	10am <b>ARRIVE</b>	2pm <b>DEPART</b> Wategoes Beach

**PARENTS/CARERS – PLEASE BE READY TO COLLECT YOUR CHILDREN AT LEAST 15 MINUTES PRIOR TO RETURN TIME, AS THE BUS COULD BE RUNNING EARLY. THANK YOU FOR YOUR CONSIDERATION. ☺**

It's going to be a great day, so make sure that you get a good night's sleep beforehand so that you are rested.

Julie Simpson  
Youth Coordinator

**If you are interested in attending please go to our school website or the front office for consent forms.**



## PARENTAL CONSENT FORM

### Participant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

### Parent/Guardian

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

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Emergency Contact

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

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Medical details

It is for your safety that we ask you to fill in this form accurately and completely. Please tick if the participant is subject to any of the following and give the necessary details.

	if Yes	Description
Heart problems		
Respiratory problems		
Allergies (e.g., peanut butter, bee stings, dairy)		
Blood pressure		
Phobias		
Operations		
Recent illness		
Drugs required		
Reaction to drugs		
Mental Illness		
Behavioural Issues		

What medication if any is the participant taking?

Medication	Dosage							
	Before Breakfast	Breakfast	Insert Time	Lunch	Insert Time	Dinner	Insert Time	Bed Time

**ADMINISTRATION : FOR DAY ACTIVITIES ONLY**

To be completed parent/guardian:

Once the medication provided by the person dropping off the child exactly matches the information contained in this section, volunteers and leaders must ensure that parent/guardian sign and date drop off and collection of medication.

Arrival		Departure	
Signature	Date	Signature	Date

**YES****NO**

Has the participant had an allergic reaction?

☐☐

Does the participant have any special dietary needs?

☐☐

If yes, please specify: \_\_\_\_\_

**Statement of Parent/Guardian**

I give permission for \_\_\_\_\_ to participate in the St Vincent de Paul **Buddies Day** to be held at **Byron Bay** on Sunday **28 August 2011**. I have read and understood the attached letter detailing of the activity.

**Consent to medical attention.**

I have completed the medical information section and have provided all relevant details required. In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the Society providing first aid or treatment and I further authorise the Society, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE RETURNED ON THE DAY**

This form is intended to be used to assist the Society in the case of any emergency, medical or otherwise involving a participant on Vincentian activities. A copy of each participant's form must be taken on each activity. The Society collects the information contained in this form to provide or arrange first aid and other medical treatments for participants. The information collected will be held in a secure place and will be made available to Society staff and medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Amendment (Private Sector) Act 2000*.