Dear Parent / Guardian,

An excursion has been arranged for students in the group(s) listed below. We believe it will be of considerable educational and social benefit to your child if they can participate. Please study the details of the excursion provided below. If you require additional information contact the Teacher-In-Charge of the excursion. If you approve of your child’s participation please complete the consent form reply slip below and return it along with the cost of the excursion by the due date listed below. This excursion has been approved by the school’s administration.

Teacher-In-Charge: Christine Barker

Class or Group involved: Vacation Care

Date(s) for activity: Tuesday, 20 September 2016

Time leaving: 9.45am

Return Date: Tuesday, 20 September 2016

Time Returning: 12.30pm

Clothing and Equipment: Closed toe footwear

Means of Transport: Bus

Materials Required: NA

Lunch Arrangements: Lunch provided

Cost to be paid by: 16/09/2016

Deposit and Due Date: 0 -

Emergency Contact: Chriss Barker 0400 548 618

Total Cost = $25.00

Children will travel by bus to Grilled in Point Cook and get a behind the scenes look at making healthy hamburgers.

Please detach and return the consent form to your teacher by 9.00 am on 16/09/2016

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Carranballac P-9 College - Consent Form for Excursion - Organiser: Christine Barker

Vacation Care - Grilled Excursion Grade 3-9 Vac Care -Shop 5 126 Main St Point Cook

Name Of Parent / Guardian: ___________________________ Contact: ___________________________

Name of Student: ___________________________ Form Group: ________ Year Level: ________

Date(s) of Excursion: Tuesday, 20 September 2016 Cost: $25.00

I give consent for my child to participate in this excursion in accordance to the conditions specified in the activity notice.

I authorise the Teacher-In-Charge of the excursion to consent, where it is impracticable to communicate with me, to my child’s receiving such medical and / or surgical treatment as may be deemed necessary.

Parent / Guardian: ___________________________ (Signed) Date Today: ___________________________

In the space below list any special medical conditions and treatments teachers need to know

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