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: Wednesday, 28 September 2016
  Time leaving: 11.00am
  Return Date: Wednesday, 28 September 2016
  Time Returning: 1.00pm
Clothing and Equipment: Closed toe footwear
  Means of Transport: NA
  Materials Required: NA
  Lunch Arrangements: NA
  Cost to be paid by: 16/09/2016
  Deposit and Due Date: 0 -
  Emergency Contact: NA

Total Cost = $15.00
Children will have an exciting incursion finding Pokemon.

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

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

<table>
<thead>
<tr>
<th>Vacation care - Pokemon Incursion Grade 3-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Of Parent / Guardian: __________________</td>
</tr>
<tr>
<td>Contact: ____________________________</td>
</tr>
<tr>
<td>Name of Student: __________________________ Form Group: ______ Year Level: ______</td>
</tr>
<tr>
<td>Date(s) of Excursion: Wednesday, 28 September 2016 Cost: $15.00</td>
</tr>
</tbody>
</table>

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