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, 27 September 2016
   Time leaving: 9.30am
   Return Date: Tuesday, 27 September 2016
   Time Returning: 1.00pm

Clothing and Equipment: Closed toe footwear
   Means of Transport: Bus
   Materials Required: NA
   Lunch Arrangements: NA
   Cost to be paid by: 16/09/2016
   Deposit and Due Date: 0 -
   Emergency Contact: Chris Barker 0400 548 618

Total Cost = $25.00
Children will travel by bus to Wyn City for Ten Pin Bowling and Laser tag.

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 - WIN City excursion Vac Care Grade 3-9 - Wallace Avenue Point Cook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Of Parent / Guardian: __________________________ Contact: __________________________</td>
</tr>
<tr>
<td>Name Of Student: __________________________ Form Group: ______ Year Level: ______</td>
</tr>
<tr>
<td>Date(s) of Excursion: 27/09/2016</td>
</tr>
<tr>
<td>Cost: $25.00</td>
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</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.