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: 9.45am
Return Date: Wednesday, 28 September 2016
Time Returning: 2.00pm

Clothing and Equipment: Closed toe footwear

Means of Transport: Bus

Materials Required: NA

Lunch Arrangements: Children to take their own lunch and drink

Cost to be paid by: 16/09/2016

Deposit and Due Date: 0 -

Emergency Contact: Chriss Barker 0400 548 618

Total Cost = $10.00

Children will travel by bus to the Wooden Park in Albert Park to have a picnic adventure.

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

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

Vacation Care - Picnic at Wooden Park Playground Grade F-2 - Aughtie Drv Albert Park

Name Of Parent / Guardian: ___________________________ Contact: ___________________________
Name of Student: ___________________________ Form Group: _______ Year Level: _______

Date(s) of Excursion: Wednesday, 28 September 2016

Cost: $10.00

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