

EXCURSION NOTIFICATION and PERMISSION LETTER

Keep ONE COPY for your information, SIGN AND RETURN THE OTHER TO SCHOOL by
19th of February 2018



Student:	
Teachers in charge:	Dani Stepanovsky, Kate Crerar and Monica Jackson Education Support Staff: Lisa Ross-Jackson, Lisa Whittaker
Lower junior students will be participating in the regular Community Access Program following the conclusion of swimming.	

Date(s) of excursion:	Depart time:	Return time:	Location(s): Address and telephone (if applicable)	Mode of transport:	Staff #:	Cost:
26 th February	1:30 pm	2:50 pm	Overport Park 159 Overport Rd, Frankston South VIC 3199	Bus	K Crerar D Stepanovsky M Jackson Lisa RJ Lisa W	n/a
5 th March			No Community Access			
12 th March	1:30 pm	2:50 pm	Community walk around Karingal	Walk	K Crerar D Stepanovsky M Jackson Lisa RJ Lisa W	n/a
19 th March	12:45 pm	2:50 pm	Chelsea Bicentennial Park Thames Promenade & Scotch Parade, Chelsea VIC 3196	Bus	K Crerar D Stepanovsky M Jackson Lisa RJ Lisa W	n/a
26 th March JJ only	1:30	2:50 pm	Montague Park 59-65 Kars Street, Frankston VIC 3199	Bus	M. Jackson Lisa W	n/a
3 rd April	12:45 pm	2:50 pm	Ballam Park 260R Cranbourne Rd, Frankston VIC 3199	Bus 4	M Jackson Lisa W	n/a

Students need to bring:	A hat and drink bottle.
Total cost: n/a	Payment due: n/a
	If applicable I authorise the school to use my CSEF – Camps, Sports and Excursions Fund Yes No
Learning Intentions: To develop children's social, emotional, language and maths skills and knowledge; to explore the local environment and develop an awareness of conservation and sustainability; to develop an awareness of the origin of people in our community; to practice safe bus behaviour and to provide opportunities to transfer skills from the school setting to a variety of public settings.	

Student accident insurance:

The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

Parent Consent:

Student behaviour

I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

Consent for emergency transportation

In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff.

Change to Medical Condition

Has there been any change to your child’s medical condition? Yes No

If yes, please provide relevant details.

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of the medication, dose and describe when and how it is to be taken.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first aid as the teacher-in-charge judges to be reasonably necessary.

I have read all of the above information provided by the school in relation to this excursion program for Term 3, 2018. Please complete and sign below

I give/do not give permission for: _____ (full name) to attend.
(Please circle)

Parent/guardian: _____ (full name)

_____ (signature)

_____ (date)

In case of emergency I can be contacted on: _____ (phone number)