

EXCURSION NOTIFICATION and PERMISSION LETTER

Keep ONE COPY for your information, SIGN AND RETURN THE OTHER TO SCHOOL by

Thursday 21st February 2019



Student:	
Teachers in charge:	Melinda Mitchell-Daws and Sophie Georgiou. Education Support Staff x2

Program: Junior Mitchell-Daws and Junior Georgiou - Community Access, Term One 2019						
Date:	Departure time:	Return time:	Activity and Location(s): Address and telephone (if applicable)	Mode of transport:	Staff:	Cost:
Thursday 28 th February	1:30PM	2:50 PM	Ballam Park Playground 260R Cranbourne Rd, Frankston VIC 3199	Walk	M Mitchell-Daws S Georgiou	Nil
Thursday 7 th March	1:30PM	2:50 PM	Worland Park 7 Belar Ave, Frankston, Victoria	Walk	M Mitchell-Daws S Georgiou	Nil
Thursday 14 th March	1:30 PM	2:50 PM	Wolsley Avenue Reserve Wolsley Ave, Frankston VIC 3199	Walk	M Mitchell-Daws S Georgiou	Nil
Thursday 21 st March	1:30 PM	2:50 PM	Lindrum Reserve Lindrum Road, Frankston VIC 3199	Walk	M Mitchell-Daws S Georgiou	Nil
Thursday 28 th March	12:30 PM	2:50 PM	Woolworths Discovery Tour 330 Cranbourne Rd, Frankston VIC 3199	Walk	M Mitchell-Daws S Georgiou	Nil
Thursday 4 th April	1:30 PM	2:50 PM	Woolworths 330 Cranbourne Rd, Frankston VIC 3199 *Purchasing a piece of fruit to make a fruit salad.	Walk	M Mitchell-Daws S Georgiou	\$2 (must be cash, not CSEF)

***In the event of unsuitable weather or other unforeseen circumstances the students will stay at school.**

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.

This permission form must be returned by: Wednesday 20th February 2019
If you have elected to not return this form, we understand that you have chosen for your child not to participate.

Students need to bring/wear	Warm weather: a water bottle, sunscreen and sun hat. Cold weather: a coat. All day excursions: lunch, snack and a water bottle all in disposable containers in a named plastic bag. <u>Please name all items</u>
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Total cost: \$2	Note: \$2 must be in cash, NOT CSEF
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If applicable I authorise the school to use my CSEF – Camps, Sports & Excursions Fund	N/A
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Purpose: 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 practice safe bus behaviour, road safety and the opportunity to transfer skills from the school setting to a variety of public settings.

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.

If my contact details change, I will notify the school office.

I have read all of the information provided by the school in relation to the excursion.

Parent/guardian: _____ (full name)

_____ (signature) _____ (date)

In case of emergency I can be contacted on:

_____ OR: _____