

EXCURSION NOTIFICATION and PERMISSION LETTER

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



Student:	
Teacher in charge:	Susan Dunn

Program	Date(s) of excursion:	Departur e time:	Return time:	Location(s): Address and telephone (if applicable)	Mode of transport:	Staff #:	Cost:
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Travel Training							myki
1	23/04/2019	n/a	n/a	School based learning/bus stop	school	2	Nil
2	30/04/2019	10:20	2:30	Cranbourne Shopping Centre	Bus	2	\$5
3	07/05/2019	9:20	2:30	Immigration museum Flinders st	Bus/train	2	\$5
4	14/05/2019	9:20	2:30	PTV public transport officers	Bus/train	2	\$5
5	21/05/2019	9:20	2:30	Carrum downs shopping centre and services.	Bus/bus	2	\$5
6	28/05/2019	9:20	2:30	Parliament house tour , spring st east Melbourne.	Bus/train	2	\$5
7	04/06/2019	9:20	2.:00	Karingal Hub and barbeque in Ballam Park	walk	2	\$2(food)
8	11/06/2019	9:20	2:50	Police museum .Southern cross.	Bus/train	2	\$5.00
9	18/06/2019	n/a	n/a	School based learning	n/a	2	N/A
10	25/06/2019	10:20	1:30	Mornington Beach	Bus	2	\$5

Students need to bring:	Wear School Uniform & jacket, suitable walking shoes and a packed lunch.
Total cost:	Payment due: <u>Myki card with \$5.00 weekly</u>
If applicable I authorise the school to use my CSEF – Camps, Sports and Excursions Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	
This excursion is designed to support your child’s curriculum by:	
<ul style="list-style-type: none"> Developing a greater understanding of using the public transport system safely and independently. 	

***Students who do not attend the excursion will be placed in an alternative program**

***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.

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 above information provided by the school in relation to the excursion/s .

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:
_____ OR: _____