

# EXCURSION NOTIFICATION and PERMISSION LETTER

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

**Friday 22<sup>st</sup> September 2017**



<b>Student:</b>	
<b>Teachers in charge:</b>	<b>Filbert Bacus, Education Support Staff: Kristina Mijatovic</b>

<b>Program: JB1 - Community Access, Term Four 2017</b>						
<b>Date: Thursday:</b>	<b>Departure time:</b>	<b>Return time:</b>	<b>Activity and Location(s): Address and telephone (if applicable)</b>	<b>Mode of transport:</b>	<b>Staff:</b>	<b>Cost:</b>
9 October	1:20pm	2:45pm	Seaford Nth Reserve, 50R Railway Pde, Seaford. 3198 Melway: 99 E3.	Bus	F Bacus	Nil
16 October	1:20 PM	2:45 PM	Seaford Nth Reserve, 50R Railway Pde, Seaford. 3198 Melway: 99 E3.	Bus	F Bacus	Nil
23 October	1:20 PM	2:45 PM	Lady Emily Reserve, Lady Emily Way, Skye 3977. Melways:100 K6	Bus	F Bacus	Nil
30 October	1:20pm	2:45pm	Lady Emily Reserve, Lady Emily Way, Skye 3977. Melways:100 K6	Bus	F Bacus	Nil
6 November	1:20 PM	2:45 PM	Overport Park, Overport Rd, Frankston Sth 3199. Melways: 102 C12.	Bus	F Bacus	Nil
13 November	1:20 PM	2:45 PM	Lloyd Park, Cranbourne-Frankston Road, Langwarrin 3910. Melway: 103 J4	Bus	F Bacus	Nil
20 November	1:20 PM	2:45 PM	Lloyd Park, Cranbourne-Frankston Road, Langwarrin 3910. Melway: 103 J4	Bus	F Bacus	Nil
27 November	1:20pm	2:45pm	George Pentland Botanic Gardens, Williams Street, Frankston VIC 3199, 1300 322 322 (Melways Ref: 102 F5)	Bus	F Bacus	Nil
4 December	1:20pm	2:45pm	George Pentland Botanic Gardens, Williams Street, Frankston VIC 3199, 1300 322 322 (Melways Ref: 102 F5)	Bus	F Bacus	Nil
11 December	1:20 PM	2:45 PM	Christmas Kingdom - \$3 to purchase a small Christmas decoration 219-221 Nepean Hwy, Mentone VIC 3194 Melway: 86 K2  Bicentennial Park Playground Thames Promenade & Scotch Parade, Chelsea VIC 3196 Melway: 93 D12	Bus	F Bacus	<b>\$3- (must be cash, not CSEF)</b>
18 December	1:20 PM	2:45 PM	Ballam Park Playground 260R Cranbourne Road, Frankston 3199. Melway: 103 B4	Walk	F Bacus	Nil

**\*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: Friday 22<sup>st</sup> September 2017.**

**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.  
**Please name all items**

**Total cost:**

**\$ 3.00**

**If applicable I authorise the school to use my CSEF – Camps, Sports & Excursions Fund**

**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 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: \_\_\_\_\_