

# EXCURSION PERMISSION FORM

<b>Where:</b>	<b>THE MELBOURNE ZOO, PARKVILLE</b>		
<b>Date:</b>	Monday 20 November 2017		
<b>Departure Time:</b>	9:15 am	<b>Return Time:</b>	3:30 pm
<b>Transport:</b>	Bus		
<b>Cost:</b>	<b>\$28.00</b> You have pre-paid the Book Pack Excursion Component. Therefore, payment is <b>not</b> required.		
<b>Permission Due by:</b>	Thursday 16 November 2017		

8 November 2017

Dear Parent/Carer,

This term, as part of our Animal Inquiry unit 'Our Living World', students in Year Prep L and Prep/1 E will be visiting The Melbourne Zoo. This is a very exciting excursion and a great opportunity for all students to learn about different animals, their habitats and animal conservation.

On this day students will need to be in full school uniform (dressed appropriately for the weather) including comfortable shoes and hat.

Students are required to bring their **morning snack, lunch** and bottled **water** in a **plastic bag** with their name and class clearly marked. No spending money is permitted on this excursion.

- ***If you are interested in being a parent helper please complete Section 3.***

Kind Regards,

Karen Ervin and Nick Lovett  
Year Prep/1 Teaching Team

**Note: Permission forms handed in after the due date cannot be accepted, nor can we accept verbal consent.**

**Please complete and return this section to your child's teacher.**

## SECTION 1. GENERAL INFORMATION

Students Name:

Grade:

I give permission for my child to attend the excursion to **The Melbourne Zoo** on Monday 20 November.

In the event of illness or injury I authorise the teacher/s in-charge of the program to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

## SECTION 2. PAYMENT OPTION (Please tick one)

**THIS SECTION IS FOR PARENT WHO RECEIVE A PAYMENT ENVELOPE ATTACHED ONLY**

**Cash** Please find enclosed \$

**BPay** If you have a BPay reference number please call the office to obtain your family reference number.

**NOT REQUIRED**

## SECTION 3. PARENT HELPERS

Yes, I \_\_\_\_\_ am interested in attending this excursion as a Parent Helper. I understand that I will be informed by my child's teacher.

## SECTION 4. OTHER MEDICAL CONDITIONS

**Does the named student above have any of the following medical conditions ?**

(tick boxes as applicable)

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>	Allergy to Penicillin
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## SECTION 5. EMERGENCY CONTACT PERSON during the excursion

Name:

Relationship to the student:

Telephone (mobile)	Telephone (work)	Telephone (home)
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## SECTION 6. SIGNATURE

Full Name of Parent/Carer:

Signature of Parent/Carer:

Date:

