

# EXCURSION PERMISSION FORM



<b>Where:</b>	<b>Melbourne Museum</b>		
<b>Date:</b>	<b>Thursday 28 May 2015</b>		
<b>Departure Time:</b>	<b>9:15 am</b>	<b>Return Time:</b>	<b>3:30 pm</b>
<b>Transport:</b>	Bus		
<b>Cost:</b>	<b>\$11</b> A payment envelope is attached if your required to pay for this excursion.		

12 May 2015

Dear Parent/Carer,

As part of our 'That was Then, this is Now' inquiry unit this term, we have organised an excursion to Melbourne Museum for Thursday 28 May, 2015. As part of our visit, we will be taking a teacher led group session, 'Making a Quid' and touring the museum.

On this day, students will need to be in full school uniform and wearing comfortable walking or running shoes.

Students are required to bring their morning snack and lunch in a plastic bag with their name and grade clearly marked. **NO** school bags or spending money is permitted on this excursion.

Kind Regards,

**Rebecca Kovac and Donna O'Brien**  
Year 5/6 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 with payment to your child's teacher on or before **Friday 22 May 2015**

## SECTION 1. GENERAL INFORMATION

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I give permission for my child to attend the excursion to The Melbourne Museum on **Thursday 28 May 2015**.

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)

Cash       Cheque       BPay

Billor Code: **87361** Your BPay reference number 

1	3	1	1	3	0			
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### PLEASE NOTE

If you choose to pay via BPay please remember to put your reference number in the space provided above and email the school so we can process your payment efficiently. School email address: [sunshine.ps@edumail.vic.gov.au](mailto:sunshine.ps@edumail.vic.gov.au)

## SECTION 3. 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 4. EMERGENCY CONTACT PERSON during the excursion

Name: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Telephone (mobile)	Telephone (work)	Telephone (home)
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## SECTION 5. SIGNATURE

Full Name of Parent/Carer: \_\_\_\_\_

Signature of Parent/Carer: _____	Date: _____
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