

4/5M HELMETED HONEYEATER EXCURSION

Thursday 16th June 2016



As part of our Biological Science Inquiry we are going to the Yellingbo Reserve to learn about our critically endangered State bird emblem, the Helmeted Honeyeater. This excursion is on Thursday 16th June. We will leave school at 9.15am and return at about 2.30pm.

Students will have a presentation at Yellingbo, followed by a tree planting session to improve the native habitat at the Yellingbo Reserve.

Students will need to bring their lunch, play lunch and a drink in a small backpack. They should come prepared for wet, cold weather (a coat, waterproof if necessary) and should bring gumboots or boots, suitable for tree planting, that they can change into. A plastic bag to put muddy boots in before getting back on the bus is essential.

There is no charge for the excursion other than the \$11.00 for the cost of the bus.

Kind regards

Jo McCracken & Catherine Byatt



HELMETED HONEYEATER EXCURSION

Thursday 16th June 2016 Yellingbo Reserve

The Principal

Wandin Yallock Primary School



I give permission for my child _____ Grade _____ to attend Helmeted Honeyeater excursion at Yellingbo Nature reserve on Thursday 16th June 2016. Students will be travelling by bus, leaving school at 9.15am and arriving back at 2.30pm.

I consent to my child taking part in this excursion. I authorize the teacher in charge, when it is not possible or otherwise impracticable to contact me, to consent to my child receiving any medical or surgical treatment as may be deemed necessary by a medical practitioner or administer such first-aid as the teacher-in-charge judges to be reasonably necessary and I accept responsibility for the payment of any medical or transport expenses thus incurred.

Parent/Guardian's Name: _____ Contact No.: _____

Parent/Guardian's Signature: _____ Date: _____

Medical Information - Please tick if your child suffers any of the following:

- Asthma Anaphylaxis Travel sickness
 Other: _____

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication including details of child's name, dosage and time taken must be given to the teacher-in-charge.

This confidential consent form asks for personal information about your child as well as family members that provide care for your child. All staff at Wandin Yallock Primary School and the Department of Education & Training are required by law to protect the information provided by this consent form. The Department of Education & Training requires this consent form to be signed for all students attending school excursions

Please select Payment Method

(Please note you can include payment for all siblings in the one envelope but one consent form for each child must be included.)

- Please take payment of \$11.00 from my account **which is in credit.**
- Please take payment of \$11.00 from my **Camps, Sports, Excursion Funding** (Approved recipients only).
- I enclose \$11.00.
- Payment by cheque – (made payable to 'Wandin Yallock Primary School')
- Payment by cash or EFTPOS at office
- Direct Deposit: Account Name – WANDIN YALLOCK PRIMARY SCHOOL
BSB: 633 000 Account: 117 554 592
Please use the Parent Family Name when entering your details.
- \$11.00 Payment by Credit Card – (MasterCard/Visa)

Credit Card No: _____ / _____ Expiry Date: ____/____

Amount: _____ Name as appears on Credit Card: _____

Cardholders Signature: _____