



Healesville Sanctuary Excursion

Tuesday 1st August 2017

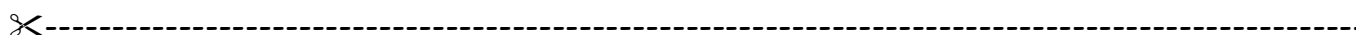


Dear Parents,

On Tuesday 1st August all the F-2 students will be going to Healesville Sanctuary. This fantastic excursion will provide them with a valuable learning opportunity which relates directly to this term's Science Inquiry Unit – "All Creatures Great and Small". The cost of the excursion is \$28.00 per child, which includes the bus trip and session at the Education Discovery Centre.

Students will need to be at school at 9.00am for a 9.15am departure. We will return to school at 3.15pm approximately. Students will need to bring their lunches and drinks in a small back pack. Depending on the weather, hats and coats may be required. We will also need some parent helpers on the day. Looking forward to a great day.

Alex Harvey & Eliza Skate



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The Principal

Wandin Yallock Primary School

I give permission for my child _____ Grade _____ to attend Healesville Sanctuary on Tuesday 1st August. Students will be travelling by Seat Belted bus, leaving school at 9.15am and arriving back by 3.30pm. 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: _____

I am able to help on the day.

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 \$28 from my account **which is in credit**.
- Please take payment of \$28 from my **Camps, Sports, Excursion Funding** (Approved recipients only).
- I enclose \$28.
- 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.
- \$28 Payment by Credit Card – (MasterCard/Visa)

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

Amount: _____ Name as appears on Credit Card: _____

Cardholders Signature: _____