



**Wandin Yallock Primary School**  
**Concert Rehearsal**  
 Mt. Lilydale Mercy College, Lilydale  
 Wednesday 19<sup>th</sup> October 2016



Dear Parents/Guardians,

On the day of our school concert we will be taking all our students to Mt Lilydale Mercy College to practise the concert. All children will travel by bus, two grades at a time. This helps children orientate themselves with all aspects of the Concert.

The bus will do shuttle runs commencing at **9.00am**. We will all be back at school by **2.00pm**. Children will need to take their play lunches and lunches with them to the College.

Please sign and return the following indemnity form by Tuesday 18<sup>th</sup> October for your child to be allowed to travel by bus. **There is no cost for this.**

Kind Regards  
 Trevor Vass



**Concert Rehearsal 2016**  
**Mt. Lilydale Mercy College, Lilydale**  
**Wednesday 19<sup>th</sup> October 2016**

The Principal  
 Wandin Yallock Primary School.

I give permission for my child \_\_\_\_\_ (Grade \_\_\_\_\_) to attend the Concert Rehearsal at Mt Lilydale Mercy College, Lilydale on Wednesday 19<sup>th</sup> October 2016, travelling by bus, departing at various times with all returning by approximately 2.00pm.

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*