

YOU' RE INVITED TO AN INTERACTIVE DAY OF WORKSHOPPING WHAT IT MEANS TO HAVE

# TRUE STRENGTH

THERE' LL BE DISCUSSIONS AND ENGAGING ACTIVITIES  
WITH THE TEAM FROM 3D ARTS  
DESIGNED TO MAKE YOU REAL LIFE HEROES AND SET YOU UP FOR SUCCESS  
AS LEADERS WITH COMPASSION AND COURAGE FOR TOMORROW.

**WHEN?** MONDAY 5<sup>TH</sup> DECEMBER, 9 – 3:20PM  
**WHERE?** WANDIN UNITING CHURCH, BEENAK RD, WANDIN NORTH.  
**WHO?** ALL CURRENT WANDIN YALLOCK GRADE 4 AND 5 BOYS  
**WHAT ELSE?** MORNING TEA AND LUNCH WILL BE PROVIDED  
(JUST BRING A WATER BOTTLE)  
... AND YOU GET TO WEAR FREE DRESS!

*NOW JUST GET A PARENT TO COMPLETE AND RETURN THE PERMISSION SLIP BELOW.*

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## Grade 4 & 5 Boys Wellbeing Workshop Day Monday 5<sup>th</sup> December 2015

I give permission for my child \_\_\_\_\_ in Grade \_\_\_\_\_

to attend the Wellbeing Workshop Day to be held at the Uniting Church, Wandin on Monday 5<sup>th</sup> Dec 2016. I understand my child is to be dropped off at the venue at 9am and picked up at 3:20pm. 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Number on the day: \_\_\_\_\_

### Medical Information

#### Dietary requirements:

**Please tick if your child suffers any of the following:**

Asthma     Anaphylaxis     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 on the back side of this slip. 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