



# Wandin Yallock Primary School

105 Beenak Rd  
Wandin North  
Victoria 3139

12 April 2016

Dear Parents,

RE: Lilydale and Districts Primary School' ANZAC Service

On Wednesday 20<sup>th</sup> April, all students in years five and six will be participating in the 7<sup>th</sup> annual Lilydale and Districts Schools ANZAC Service, to be held at Lilydale Heights Secondary College. Students from local primary schools will participate in the service with each school being responsible for a different component that tells the ANZAC story. School will also participate in a wreath laying ceremony and have the opportunity to talk to veterans about their experiences after the ceremony.

The Yarra Valley Group of Melbourne Legacy is organising the event and will provide students with a sausage sizzle lunch and cover the cost of transporting the students. There is no cost to students. Students must be in full school uniform.

Yours Sincerely,

Trevor Vass  
Principal



## Lilydale & District Schools' ANZAC Ceremony

Wednesday 20<sup>th</sup> April 2016

The Principal  
Wandin Yallock Primary School

I give permission for my child \_\_\_\_\_ Grade \_\_\_\_\_ to attend the Lilydale and District Schools' ANZAC Ceremony at Lilydale Heights Secondary College on Wednesday 20<sup>th</sup> April 2016. Students will be travelling by bus, leaving school at approximately 9.45 and arriving back at approximately 1.30pm.

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.