EPPALOCK PRIMARY SCHOOL

Excursion Permission Form

Notice to Parents: **Section A - Information (Parents to keep)**
Section B - Permission Form (to be returned to school)

Dear Parents/Guardians,
A school excursion/activity involving your child has been planned. The details are summarised below and are explained in the school newsletter dated 7/2/2018. You are asked to sign **SECTION B** indicating that you are informed of the excursion details and granting permission for emergency medical treatment to be given if so required.

SECTION A:

Educational Focus: Water safety, learning to swim, stroke development	
Date: February 13, 20, 27 & March 6, 2018	**Cost: $130.00 ($65.00 Term 1 & $65.00 Term 4)**
Class(es) attending: Foundation to Grade 6	**Time: 12.20 pm – 2.30 pm approx..**
Transport: BUS	**Lunch:**
Teachers involved: Ms Hartney, Mrs Lindhe, Mr O'Neill, Mr McCartney	**Requirements:** Bathers, Towel, plastic bag for wet items Goggles (optional) All items must be named

Please complete SECTION B and return to school office by Friday 9th February 2018

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SECTION B: Please tear off and return when paying excursion. I have read and noted the excursion details, organized for my child on the day/s set out above. I give permission for my child to attend and authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary in the case of such eventuality. (Parent completes)

STUDENT/s NAME:			
GRADE:	**Foundation to Grade 6 (whole school)**	**ACTIVITY COST: Total $130.00 ($65.00 Term 1 & $65.00 Term 4)**	
EXCURSION:	**SWIMMING PROGRAM – TERM 1/2018**	**Paid By:** *(please circle)* Cash / Chq / Direct Deposit / CSEF	
DATES:	**February 13, 20, 27 & March 6, 2018**		
TEACHER IN CHARGE:	**Ms Hartney, Mr O'Neill**		
MEDICAL INFORMATION: Please indicate known medical conditions and/or current medications	Asthmatic: YES / NO		
	Allergies/Other:		
	Current Medications:		
PARENT NAME:		**PHONE:**	
EMERGENCY CONTACT FOR THE DAY			
PARENT SIGNATURE:			