KILBERRY VALLEY PRIMARY SCHOOL
EXCURSION CONSENT FORM

Title of Excursion	Royal Botanic Gardens Victoria - Cranbourne	GRADE/S Participating: 4A, 4B, 4C, 4D	
Destination	Royal Botanic Gardens Victoria - Cranbourne		
Date of	Monday 20th March, 2017		
Description of the Excursion	As part of our studies this term we have been learning about Australian history. This excursion will provide students with the opportunity to learn about the history of our local area with a focus on the original custodians of this land. The children will also participate in lessons conducted by the teachers at the Botanic Gardens.		
Departure Time	9:15 a.m.	Return Time	3:00 p.m.
Cost	$22.00		
Clothing and Useful Items	**Please ensure you provide the following items for your child:** • a small backpack • covered sturdy shoes/runners (which may get a little muddy) • hat • sunscreen • insect repellent (optional) • water proof jacket		
Food and Drink	**Please provide enough food and drinks for your child for the day.** • water bottle • snack • lunch **Students will not be able to have a lunch order on this day.**		
Teachers in Charge	Roslyn Carabott, Alicia Papadopulous, Kirsten Bryant, Susie Johnson, Yvette Hendrickson		

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KILBERRY VALLEY P.S. EXCURSION CONSENT FORM

Title of excursion: Royal Botanic Gardens Victoria - Cranbourne	**Grade/s Participating:** 4A, 4B, 4C, 4D	**Cost: $22.00**	**Date: 20/3/2017**

Please return consent form by Wednesday 15th March, 2017

NO LATE PAYMENTS CAN BE ACCEPTED

I, Parent/Guardian of _____(print student's name) from Grade _____ do hereby give my child permission to participate in the above excursion. I am aware of the nature of any hazards associated with this activity and understand that my child is expected to behave according to the behaviour code set by the school.

I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical, first aid or surgical treatment as may be deemed necessary. I understand that transport may be by private car, and that such car has full comprehensive insurance.

Parent Name: _____ Signature _____

Will your child need to take medication whilst on this excursion? Yes ☐ No ☐ (tick box)

Medication Name: ……. Time to be given: …… Dose: ……

Emergency contact number/s for the day of the excursion:

Name/s:	Phone Number/s:

☐ Credit Balance - Family Code_____

☐ Cash

☐ CSEF - Family Code_____

☐ Direct Deposit - Date of Deposit _____ Family Code _____

BSB: 063616 Acct: 10122885

Total amount enclosed	**$**