



KILBERRY VALLEY PRIMARY SCHOOL EXCURSION CONSENT FORM

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| Title of excursion | Narre Warren South P-12 College secondary school 'Taste Tester' | GRADES participating: 5A, 5B, 5C, 5D and 5E |
| Destination | Narre Warren South P-12 College - Amberly Park Drive Narre Warren South Victoria 3805 | |
| Date of excursion | Tuesday 29 th August, 2017 | |
| Description of the excursion | Grade 5 students have been invited to experience life as a secondary school student. They will participate in a range of exciting activities across a variety of subjects. Please note: this is not limited to students anticipating attendance at Narre Warren South P-12 College, it will give all students a glimpse into secondary school education. | |
| Departure time | 9:00am | |
| Return Time | 2:30pm | |
| Cost | No cost | |
| Clothing to be worn | School uniform Please note: Students will need to bring their own snack and lunch from home as there will be no canteen access on the day. | |
| Teachers in charge | Julie Redpath, Ashlee Prib, Kirsten Tulloch, Jen Powell, Tania Davies | |

Cut off here ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂

KILBERRY VALLEY P.S. EXCURSION CONSENT FORM

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| Title of excursion: Narre Warren South P-12 College secondary school 'taster' | Grade/s participating: 5A, 5B, 5C 5D and 5E | Cost: Nil | Date: Tuesday 29 th August 2017 |
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Please return consent form by Friday 25th August 2017

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(s) of the excursion:

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| Name: | Phone Number: |
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