Roberts McCubbin Primary School
Ricketts Point, Beaumaris
Excursion Permission Form

Date: Monday 29th April (J1S, J2B, J3P, J5L, J6J, J7G)
       Wednesday 1st May (J4C, J8L, J90)

Details of Excursion: Children will attend the Gould League Marine Program offered at Ricketts Point as part of our Inquiry Unit titled ‘How are we connected to the sea?’ The experience will support and develop their understanding of certain marine life and our role in protecting these environments. Please note in the case of wet weather we may be also travelling to Moorabbin Centre for indoor Gould League activities.

Time: 9:00 – 3.15pm

Students Involved: All Junior School students

Transport arrangements: Seatbelted buses

Cost: $25.00 per student

Costing for this activity has been based on the majority of children participating. Refunds are only possible with the provision of a medical certificate, but please note however, the refund may not be the full amount. Some activities require payment in advance for buses, entrance fees, or in the case of camps, accommodation and if this is the case for an activity your child did not attend, a full refund cannot be made. Permission and Payment is required if your child is to attend this event.

Notice return date: Wednesday 24th April

Special arrangements: Students will need to bring snacks, lunch and a water bottle. Students may bring appropriate items to investigate marine life e.g. plastic bucket, spade, etc

Parent/carers- Each class will require several helpers. Please see your child’s class teacher if you are able to assist.

Contact teacher: Class teacher

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PLEASE RETURN THIS FORM WITH PAYMENT OF: $25.00
(PER CHILD) BY: Wednesday 24th April, 2013

Student’s Name (please print) ................................................................. Class group ...........

I give permission for my son/daughter to participate in this activity and expect him/her to behave according to the guidelines set out in the Roberts McCubbin Safe and Happy Book.

If the teacher in charge is unable to contact me, or it is otherwise impracticable to contact me, I authorise them to:
- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: ................................................................. Date: ............

My emergency contact number on the day of the incursion is: .................................................................

Please circle as appropriate:
**My child requires medication to be taken to the incursion. Yes No
If ‘Yes’, please specify: ................................................................. **Epipen Yes No

PAYMENT METHOD: (please circle)

Cash    Cheque    Card at the office
(credit,cheque,savings)

BPAY    Biller Code 87361
(2 full working days Prior to event)