



GRAFTON PUBLIC SCHOOL

Student Excursion Consent Form



1. Group or Class to attend: Kindergarten and Year 1

2. Title of excursion: Movie Day at the Saraton

3. Destination of excursion: Saraton Theatre

4. Date(s) of excursion: Monday 11th December 2017

5. Details:

- departure time: 9.30am
- return time: 12.30pm
- staff members and supervision: Kindergarten and Year 1 Teachers
- Cost: \$12 per student
- transport: Walking
- clothing and equipment needed: Casual clothes and sensible covered shoes for walking
- name of excursion contact person and contact details: Amie Stephenson and Nicole Woods
- other: *School hats should be worn*
- **School contact details:** (Primary) 66421000 and (Infants) 66422286 or (website) grafton-p.schools.nsw.edu.au

6. PLEASE RETURN THIS NOTE TO Class teacher NO LATER THAN Wednesday 6th December 2017

As part of our end of year celebrations and class parties, Kindergarten and Year 1 will walk to The Saraton Theatre to watch the movie, Ferdinand. While at the movies each child will receive a small bag of popcorn and a popper. Upon returning to school students will have a pizza party lunch. Students will need to provide their own fruitbreak, a small snack and drink on this day.

8. Student behaviour:

I understand that if my child's behaviour prior to the excursion is of concern to staff, he/she may be excluding from attending. Students who are on a Return from Suspension and those on Yellow or Purple Levels will not be permitted to attend. I also acknowledge that during the excursion, acceptable standards of behaviour will be expected. I understand that in the event of my son's/daughter's serious misbehaviour during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

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Parent / Carer Consent:

I have read all of the above information provided by the school in relation to the excursion, including any attached material. I understand this excursion has the approval of the Principal. I give permission for my daughter/son in Class to attend the excursion toon

Travel will be by bus / walking / private vehicle. (please circle)

Parent/guardian (name): Parent/guardian (signature): (date):

Medical Details:

To assist the teacher and to the best of my knowledge, my child has a/no medical injury or condition that places them at risk in participating in this activity. My child has the following special needs:

- My child has a current health care plan yes/no. Details.....
- Medical conditions or illnesses:
- Medications to be administered;

In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.

Emergency contact details:

1. Name: Phone:.....

2. Name: Phone:.....

Medicare Number: Parent / Carer: Date:

I have paid for this excursion online and the receipt number is: (only complete if applicable)