

UPPER SWAN PRIMARY SCHOOL

An Independent Public School

ABN 31 930 948 608

1204 GREAT NORTHERN HIGHWAY, UPPER SWAN WA 6069 "Children are the Future"

EXCURSION CONSENT LETTER

Peninsula Farm and East Perth Cemetery

PURPOSE

HASS - Experiencing Life in the Australian Colonies

DATE

Wednesday 19 June 2019.

COST

\$23.00

DUE: Wednesday 12 June 2019

LOCATION

Peninsula Farm - 2A Johnson Road, Maylands

East Perth Cemeteries, Bronte Street, East Perth

Payment can be made by cash, EFTpos®, credit card or direct deposit.

When paying in cash, please send the correct amount, as change is unable to be

given. Please place payment and permission note in an envelope with your child's name and place in the payment boxes located outside the school office.

Details for Direct Deposit are:

Upper Swan Primary School

BSB: 306 041

Account: 4194582

Description: Child's full name e.g. TOM SMITH, Constable Care Safety School. Payment plans can be arranged through the Manager Corporate Services. In the

event of an absence on the day, transport costs cannot be reimbursed.

TRANSPORT

Bus - depart school at 8.55am and arrive back at 2.45

ACTIVITIES

Tours and educational activities at both venues

DRESS

School uniform, hat and sneakers

FOOD

Crunch and sip, recess and lunch

SUPERVISION Teachers and Education Assistants will be supervising small groups of children.

Students will be identified by their school uniform. We will require six parent helpers to assist on the day. Please register your interest with your child's

teacher if you would like to attend.

CONTACT

If you need to contact us during the excursion due to an emergency, please

contact the school on 9296 4622.

If you agree to your child attending this excursion, please complete the rest of the letter attached and return to the front office by 3.30pm 12 June 2019. It is your responsibility to ensure any medical/health changes are updated prior to the

excursion date.

EXCURSION NAME: Peninsula Farm and East Perth Cemetery

DUE: 19 June 2019 AMOUNT: \$23.00

CONSENT FORM CHILD'S NAME:	YEAR:	ROOM:
 and Peninsula Farm to participate I give permission for my child to r I am aware that the school and damage, which may occur on an negligent. I agree to inform the organiser child's health and fitness so that a 	e in the above excursion. The receive medical treatment in control its employees are not respondent excursion, unless the school before the scheduled excuration appropriate supervision may information regarding the excuration.	onsible for personal injuries or property cool or its employees are proven to be resion departure of any changes to my
Medical Details Is your child subject to asthma, seizure affect his or her safety during this activity?		s, allergies or any condition that may No
If "yes", please give details below.		
ls your child allergic to: Penicillin	Any other drugs	Any food Other
Please give details		
Date of last tetanus vaccination:		
Medication Parents are requested to make arrangement medications required for this activity. Is your child presently taking tablets and/or this your child self-administer the medical state name of medication, dosage and free	or to her form of medication? ation?	safe keeping and handling of Yes No Yes No
Other Information Please provide any other information abou provide better care for your child.	ut your child which will enable	e the organisers of this excursion to
Name of Family Doctor:	Te	el.No
PARENT/GUARDIAN FULL NAME	(H	ome No):
ADDRESS :	(N	fobile):
PARENT/GUARDIAN SIGNATURE:	DATE _	
		OFFICE USE ONLY
		□ CASH □ EFT □ DD
		D UNALLOCATED CREDIT