

**Harrisfield Primary School**

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**EXCURSION TO MOONLIT SANCTUARY**

**CONSENT FORM TO BE RETURNED BY FRIDAY JUNE 14TH**

This term Prep students are learning about Australian animals and special places in our local and wider community. To enhance their learning of the themes explored in the classroom, we will be visiting Moonlit Sanctuary. Students will have the opportunity to see native Australian animals and visit a Victorian landmark.

**DESTINATION:** Moonlit Sanctuary 550 Tyabb-Tooradin Road Pearcedale

**DATE OF EXCURSION:** Thursday June 20th

**DEPARTURE TIME:** 9.30am **RETURN TIME:** 2.45 pm

**TYPE OF TRANSPORT:** Chartered bus

**REQUIREMENTS:**

|  |  |
| --- | --- |
| **School bag with -** | |
| * Healthy snack * Lunch * Water bottle | * Full school uniform * Fruit * Plastic bag * Raincoat (subject to weather) |

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***EXCURSION TO MOONLIT SANCTUARY***

***[ ] PLEASE DEDUCT $25.00 FROM MY CAMPS, SPORTS & EXCURSION FUNDS (CSEF)***

***[ ] PAYMENT OF $25.00 IS ENCLOSED, I DO NOT HAVE CSEF FUNDS***

##### *Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I believe my child to be free from any physical ailment or disability, which would make it inadvisable for him/her to take part in the above-mentioned activity. Please note any illness, disability or medication requirements for my child listed below:*

*My child will conform strictly to all conditions and reasonable directions issued by staff supervising this excursion/activity. Should my child not conform to such requirements I authorise the teacher in charge to return my child to the school at my expense.*

*In the case of illness or accident I authorise the teacher in charge of the excursion/activity to consent to my child receiving such medical or surgical treatment as may be deemed necessary which may include ambulance transport at my expense, when it is impracticable to communicate with me.*

***Contact numbers for the day of this excursion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature Of Parent/Guardian:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Date****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*