

**Harrisfield Primary School**

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**EXCURSION TO LOLLIPOPS PLAYLAND NOBLE PARK**

**CONSENT FORM TO BE RETURNED BY JULY 30TH 2019**

All year 6 students will be going to Lollipops Playland in Noble Park to take part in rock climbing activities as well as free time in the play centre. This excursion aims to promote physical activity and encourages students to challenge themselves. Students will be walking to the Play Centre. There is no cost for this excursion.

**DATE OF EXCURSION:** August 13th 2019 **PLACE:** Lollipops Playland 6 Elenora Road Noble Park

**DEPARTURE TIME:** 10.30am **RETURN TIME:** 3:00 pm

**TYPE OF TRANSPORT:** Walking

**REQUIREMENTS:**

|  |  |
| --- | --- |
| **School bag with -** | |
| * Jacket/rain coat * Lunch * Water bottle | * Full school uniform * Umbrella (if needed) |

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***EXCURSION TO LOLLIPOPS PLAYLAND NOBLE PARK***

##### *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.*

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

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