



# PLENTY PARKLANDS PRIMARY SCHOOL



EXCURSION/SPECIAL EVENT NOTICE

Date: 31/7/17

<b>TITLE:</b>	<b>PLENTY PARKLANDS ATHLETICS CARNIVAL</b>
<b>CURRICULUM AREA:</b>	Health and Physical Education
<b>HOME GROUPS INVOLVED:</b>	selected year 4, 5 and 6 students
<b>VENUE:</b>	Meadowglen International Athletics Stadium 146 – 156 McDonalds Road Epping
<b>DATE OF EXCURSION/SPECIAL EVENT:</b>	<b>Date: Wednesday 23<sup>rd</sup> August</b>
<b>Mode of travel:</b>	<b>Departing at: 9am</b> <b>Returning at: 3.15pm</b>
<b>Reminder:</b> If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	<b>COST: \$10.00</b>
<b>WHAT TO BRING:</b> (Sunscreen – to be reapplied every two hours if the activity is outdoors)	Water drink bottle, healthy snacks and lunch. A canteen will be opened at the venue on the day.
<b>SPECIAL REQUIREMENTS:</b>	School uniform and well fitted runners. Weather proof/warm jacket if cold. <b>School will supply an Athletics top.</b>
<b>SPECIAL MEDICAL REQUIREMENTS OF YOUR CHILD:</b>	Reminder: It is a parent/guardian's responsibility to send any specific medical requirements, such as asthma puffer, etc. Pack your child's medication and hand it (with specific instructions) to your child's teacher. It is a teacher's responsibility to collect the EpiPen bag from the first aid room or the hypo kit from the classroom.
<b>PARENTAL ASSISTANCE REQUIRED:</b>	Parent volunteers must have already completed the Volunteer Training Program and hold a valid WWC check. Please reply by: Friday 18 <sup>th</sup> August 2017 Volunteers will be notified by: Tuesday 22 <sup>nd</sup> August 2017
<b>NOTICE AND PAYMENT MUST BE RETURNED BY:</b> <i>Please note: payment will NOT be accepted after the due date.</i>	<b>Monday 21<sup>st</sup> August 2017</b>

If paying by cash/ credit card/ cheque or CSEF please return permission section to the school by the due date. No need to return permission section if paying by Qkr.

**Parent assistance** (please notify the staff member listed if you are able to assist on the day) **Please provide the following details by e-mail to Julie Gatt: gatt.julie.m@edumail.vic.gov.au**

Student's name and home group, Adult's name and daytime contact phone number

I am available to help with the year 4 - 6 excursion on **Wednesday 23<sup>rd</sup> August 2017**. I understand that because of my duty of care for the students at PPPS, I cannot bring other children on the excursion. I have completed the Volunteer Training Program and hold a valid WWC check. I understand my responsibilities to live by the PPPS values and abide by the excursion protocols. I also agree that I will not take phone calls from, or phone, text, or send photos to other Plenty Parklands families while on the excursion. I agree to wait until after the excursion before posting photos of my child on any form of social media. I understand that I do not have permission from the school or other families to post photos of other children. If in the case that more parents volunteer than places available, the teaching staff in the unit will make the decision as to which parent/s is/are best suited to assist with the excursion.

I give permission for my child \_\_\_\_\_ of home group \_\_\_\_\_ to attend the excursion to **Meadowglenn International Athletics Stadium on Wednesday 23<sup>rd</sup> August 2017**.

If the emergency contacts are unavailable I authorise the teacher in charge to consent to my child receiving such medical treatment as deemed necessary by a medical practitioner.

Yes  No If no consent is given what should the school do? \_\_\_\_\_

Emergency contacts on the day of the excursion

Name \_\_\_\_\_ Phone no: \_\_\_\_\_

Name \_\_\_\_\_ Phone no: \_\_\_\_\_



Date \_\_\_\_\_ Signature \_\_\_\_\_

Amount enclosed: \_\_\_\_\_ **Qkr /Cash/Cheque/Credit Card/CSEF** (please circle)

**Credit Card payment** ✕-----

## PLENTY PARKLANDS PRIMARY SCHOOL – CREDIT CARD VOUCHER (to be used for amounts of \$10 and over)

Child's name	Home Group	Payment for: eg. Camp	Amount

Please charge my:  Bankcard  Visa  Mastercard Amount: \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Name on Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_