

# PLENTY PARKLANDS PRIMARY SCHOOL

**EXCURSION/SPECIAL EVENT NOTICE**

Date: Wednesday 17<sup>th</sup> October

<b>TITLE:</b> <b>CURRICULUM AREA:</b>	<b>Year One Barbeque Camping Program</b>
<b>HOME GROUPS INVOLVED:</b>	All Year One home groups
<b>VENUE:</b>	Plenty Parklands Primary School
<b>DATE OF EXCURSION/SPECIAL EVENT:</b>	<b>Date: Thursday 29<sup>th</sup> November</b> <b>Beginning at: 5 pm</b> <b>Ending at: 7 pm</b>
<b>COST:</b> <b>Reminder:</b> If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	<b>\$ 4.00</b> <small>Please note that the cost includes all charges for the event/excursion including, where relevant, transport costs, entry fee, venue, room and equipment hire and any other specific costs associated with the delivery of the program. If, for an exceptional reason your child does not travel to or from the event in the bus, for example, the school is still charged the full amount for transport and so unfortunately we cannot deduct costs from this amount.</small>
<b>WHAT TO BRING:</b> (Sunscreen – to be reapplied every two hours if the activity is outdoors)	School hat and water bottle
<b>SPECIAL REQUIREMENTS:</b>	All students will receive 2 sausages with bread and sauce. Please advise your child's classroom teacher of any special food requirements ( <b>see tear off slip below</b> ) <b>Note:</b> sausages will cater for gluten intolerances.
<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 are most welcome and must have already completed the Volunteer Training Program and hold a valid WWC check.  Please reply by: Wednesday 14 <sup>TH</sup> NOVEMBER Volunteers will be notified by: FRIDAY 16 <sup>TH</sup> NOVEMBER
<b>NOTICE AND PAYMENT MUST BE RETURNED BY:</b> <i>Please note: payment will NOT be accepted after the due date.</i>	<b>3.30pm on MONDAY 19<sup>TH</sup> NOVEMBER</b>

If paying by cash please return permission section to the school by the due date.  
No need to return permission section if paying by QkR.

**Parent assistance:** if you are able to help in any way to prepare and cook at the barbeque, please provide the following details by e-mail to your child's classroom teacher:

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

I am available to help with the year 1 barbeque on **Thursday 29<sup>th</sup> November**. I understand that because of my duty of care for the students at PPPS, I cannot bring other children to the barbeque. 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 Year 1 barbeque at Plenty Parklands Primary School.

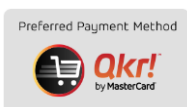
If the emergency contacts are unavailable I authorise the teacher in charge to consent to my child receiving such medical treatment as deemed necessary by a medical practitioner.

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/** (please circle)

Please complete the form below and return to your child's classroom teacher only if special dietary food is required:

Student:	Home Group:
<b>Please tick one option:</b>	
Vegetarian	
Chicken	
Halal	
Gluten free bread	