

PLENTY PARKLANDS PRIMARY SCHOOL

EXCURSION/SPECIAL EVENT NOTICE

Date: 31/10/2018

TITLE:	Melbourne Zoo
CURRICULUM AREA:	Year 2 Fun Day
HOME GROUPS INVOLVED:	2-25, 2-26, 2-27, 2-28
VENUE:	Melbourne Zoo, Parkville
DATE OF EXCURSION/SPECIAL EVENT:	Date: 17/12/2018
Mode of travel:	Departing at: 9.10am
	Returning at: 3:15pm
COST:	\$28
Reminder: If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	
WHAT TO BRING: (Sunscreen – to be reapplied every two hours if the activity is outdoors)	Hat, sunscreen, snack, lunch, water bottle and water proof jacket in a small backpack.
SPECIAL REQUIREMENTS:	Children to arrive at school by 8.45 in order to be ready to depart at 9.10am.
SPECIAL MEDICAL REQUIREMENTS OF YOUR CHILD:	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.
PARENTAL ASSISTANCE REQUIRED:	Parent volunteers must have already completed the Volunteer Training Program and hold a valid WWC check. Please reply by 17 th November 2018. Volunteers will be notified by 23 rd November 2018. Due to numbers, we may need some parents to drive their own vehicles to the zoo and meet us there. If you are willing to do so can you please indicate in the return email.
NOTICE AND PAYMENT MUST BE RETURNED BY: <i>Please note: payment will NOT be accepted after the due date.</i>	Friday 7th December by 3.30pm

✂----- Please cut off and return bottom section to the school by the due date -----Parent permission

Parent permission

I give permission for my child _____ of home group _____ to attend the excursion to the Melbourne Zoo on the 17th of December 2018.

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 _____ Parent's name _____ Signature _____



Amount enclosed: _____ (please circle) **Qkr/** Cash/ Cheque/ CSEF (if eligible)

Please note: Credit card payments are not available for this excursion. Only available for excursions over \$10.

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 **Nicole Campbell (campbell.nicole.d@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 Melbourne Zoo Excursion on Fun Day on 17/12/2018. 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.