PLENTY PARKLANDS PRIMARY SCHOOL

EXCURSION/SPECIAL EVENT NOTICE **Date: 8-6-21**

TITLE: **CURRICULUM AREA:**	**PPPS ATHLETICS CARNIVAL** **Health and Physical Education**
HOME GROUPS INVOLVED:	All year 4, 5 and 6 students
VENUE:	Meadowglen International Athletics Stadium 146 – 156 McDonalds Road, Epping
DATE OF EXCURSION/SPECIAL EVENT: **Mode of travel:**	**New Date: MONDAY 12TH JULY 2021** **Departing at: 9am** **Returning at: 3pm**
COST: Reminder: If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	$15.00
WHAT TO BRING: **(Sunscreen – to be reapplied every two hours if the activity is outdoors)**	Water drink bottle, healthy snacks and lunch. The canteen will be open on the day at the venue.
SPECIAL REQUIREMENTS:	House coloured tops, school shorts/skorts or tracksuit pants and well fitted runners, weather proof/warm jacket **ALL SPECTATORS & HELPERS MUST CHECK IN USING THE QR CODE ON ARRIVAL AT THE VENUE**
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 IS STILL REQUIRED:	Parent volunteers must have already completed the Volunteer Training Program and hold a valid WWC check. Please reply by: Tuesday 22nd June, 2021 Volunteers will be notified by: Monday 5th July.
NOTICE AND PAYMENT MUST BE RETURNED BY: ***Please note: payment will NOT be accepted after the due date.***	**3.30pm on TUESDAY JUNE 22nd, 2021**

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:**

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, 5 and 6 ATHELTICS excursion on Monday 12th July 2021. 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

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: _____

Preferred Payment Method Qkr! by MasterCard

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: _____