

PARENT NOTIFICATION OF EXCURSION

Neighbourhood Walk to Yokine Reserve

Dear Parents,

The children will be walking to Yokine reserve to practise their road safety skills. While at the Reserve, the children will have a picnic morning tea and time to play in the playground before returning to school.

ROOM NO: The Wombat and Kangaroo Kindergarten groups

EVENT / EXCURSION NAME: Neighbourhood walk to Yokine Reserve

SPECIAL REQUIRMENTS: Children will need to wear school uniform, hat and appropriate shoes for walking.

SUPERVISION: The adult to child ratio is 1:4. If you can help out with this as a volunteer, please let your teacher know. We are encouraging as many adults as possible to be involved in the walk. If you're free on the day, please meet at the Kindy at dropoff and tag along!! For safety reasons, parents who volunteer to help out on the walk cannot bring younger siblings with them. All parents and siblings are welcome to meet us at the park.

DAY & DATE: Tuesday 12th September

TRANSPORT: Walking

COST: None

Please complete and return the attached Parental Consent form indicating your payment method, in a clearly marked envelope (including cash/cheque if applicable) into the steel payments box at the office reception. **Please note electronic payments must be remitted on the same date of returned slips.**

Permission slips must be returned to the Kindy by Monday 4th September, 2017.

If you have any queries regarding this Excursion please phone 9242 2726.

Kind regards

Mrs Brewster and Miss Matthews
Class Teachers

PARENTAL CONSENT

I have read and understood the attached information regarding the Kindy excursion to Yokine Reserve on **Tuesday 12th September** and understand the nature of the activities proposed.

I am aware that:

- Department of Education insurance does **not** cover personal accidents through misadventure
- any costs incurred as a result of accident or illness are my responsibility and
- School staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion nor loss or damage of personal belongings.
- I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged.

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion/incursion/camp to consent to my child receiving such medical treatment as may be considered necessary.

If needed I can be contacted on phone number _____

Emergency Contact Mr / Mrs / Ms _____

Phone Number _____

I give my consent for my child _____ (Child's full Name) in Wombats / Kangaroos (delete where applicable) to participate.

My child's medical record is current Yes/No

***If not I understand an updated medical form
is to be completed and handed into the front office prior to the excursion.***

Student health care forms are available from the front office

Parents / Guardian Signature

Date