



EXCURSION CONSENT FORM

Excursion Name: Kindergarten - Rocky Creek Dam	
Venue: Rocky Creek Dam	Cost: \$13.50
Departure Date: 9/12/2020	Return Date: 9/12/2020
Departure Time: 9.30am	Return Time: 2.30pm
Teacher in charge: , Miss Budd, Mrs Allen, Mr Condon, Miss Ballard	Transport: Bus
Return permission note by: 4/12/2020	

Excursion Information:

We will be travelling to Rocky Creek Dam by bus. The children will be participating in a number of activities at Rocky Creek Dam with the help of staff members from Dorroughby Environmental Education Centre. These activities include an introduction to the forest party, rainforest investigation activities using senses, a platypus walk, environmental games with music and playing on the equipment. All activities will be held in a safe and secure environment under the direct supervision of teachers. Our Learning Support Officers Jamie, Kath, Silvana and Sue will also be accompanying us for additional support. No money will be needed on the day. Children will wear their school uniform with appropriate footwear for physical activities.

If a student has a tick lodged in their skin and is NOT allergic to ticks:

Dorroughby staff will aim to kill the tick with an ether-containing spray (*WART Off*) and then remove it as soon as possible.

If a student has a tick lodged in their skin and is ALLERGIC to tick bites:

Dorroughby staff will not kill or remove the tick unless otherwise directed by the student's ASCIA Action Plan.

Equipment List: Listed below is the essential equipment each student needs to have with them on the excursion.

- **Fruit for fruit break**
- **Recess**
- **Lunch**
- **Water bottle**
- **HAT**
- **It is recommended that children have sunscreen applied at home on the morning of the excursion.**



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I hereby give consent to my son/daughter/ward _____ of _____
(Full Name) (Class)
to participate in the _____ excursion.

I accept that my child is expected to behave in an appropriate manner and I have explained this to him/her. I understand that any specific medical information held by Wyrallah Road Public School will be provided to the organising teacher. In the event of any accident or illness I authorise the teacher to obtain any medical assistance and/or ambulance that my child may require, including the administration of an anaesthetic if deemed necessary by the medical officer in charge. I understand that transport for this excursion is by bus/walking.

Signature of Parent/Caregiver: Date: / /

PAYMENT – please select your payment method.

- CASH:** \$..... enclosed
- POP:** I have made a payment online. My receipt number is: