



EDUCATIONAL EXCURSION PARENT/GUARDIAN INFORMATION & CONSENT

**KINDERGARTEN TO YEAR 6
FITZROY FALL EXCURSION- 2014**

11/6/14

Dear Parent/Guardian,

Your child will be going on an excursion to **Morton National Park, Fitzroy Falls** on **FRIDAY 27 JUNE**.

This excursion has been planned to provide a range of activities associated with National Parks and Aboriginal cultural education (H.S.I.E)

The cost of the excursion is **\$10 (Bus fare cost)**

The students will depart from **Tomorong Public School** at **9:15 am**.

and return to **Tomorong Public School** by **2.00pm**

Travel will be by **BUS**.

The group will be supervised by Miss Beal, Mr Munn, Mrs Blackmore, Miss Cox and Mrs Flanagan.
There will be no supervision at school.

Additional information:

**FULL SPORTS UNIFORM – WEAR APPROPRIATE FOOTWEAR (RUNNING SHOES).
BRING a HAT and WATER BOTTLE. SUNSCREEN WILL BE AVAILABLE.
DON'T FORGET TO BRING YOUR LUNCH and RECESS.**

Principal: **Kim Harrington**

Teacher in charge of excursion: **Miss Beal**

PLEASE COMPLETE THE SECTION BELOW AND RETURN BY MONDAY 23rd JUNE.



Educational Excursion – Morton National Park, Fitzroy Falls

I hereby consent toof Class
(Full Name)

participating in an educational excursion to **Morton National Park, Fitzroy Falls** on **Friday 27 June 2014**.

☐

I have enclosed \$10 for the bus.

Signature of Parent/Guardian Date

PLEASE ANSWER THE QUESTIONS ON THE BACK OF THIS FORM FOR MEDICAL CONDITIONS IF REQUIRED.

INDICATE CLEARLY:

Please tick

- ☐ My child has Asthma and will bring medication on the day.
- ☐ My child has allergic reactions to bee/ant stings.
- ☐ Other, please specify: _____
- _____