



Carrum Primary School 3385

Walkers Road, Carrum 3197
Telephone: 9772 1117
Facsimile: 9776 1586

Date: Wednesday 1st March or Friday 3rd March (Depending on your child's class, see below.)

Dear Parents,

EXCURSION DESCRIPTION:

As part of the Middle School inquiry unit about Community and Remembrance, we have organised a tour run by Melbourne Walks. The tour will take place along the Kananook Creek Walking Trail, where the students will be shown how our local Indigenous tribes lived before European settlement. They will explore the influence our local indigenous peoples had on our community and the changes that have occurred since settlement. This gives students the opportunity to develop their historical and communication skills.

- **Leaving from Carrum PS at:** Wednesday 1st March: 3/4K – 9:30am, 3/4J – 12pm.
Friday 3rd March: 3/4H – 9:30am, 3/4W – 12pm.
- **Returning to Carrum PS at:** Students will return approximately 1.5 hours after the start of their tour.
- **Method of Transport:** Walking
- **Cost:** \$12
- **Please indicate if you wish to use CSEF for payment: Y/N**
- **Permission Slip and payment to be returned to Office by:** 22nd February, 2017.
- **Staff Attending:** Cassandra Kennedy, Jessica Hodson, Jessica Holford, Steve Watling, Tracey Delaney, Elisabeth Crombie
- **Please wear school uniform:** Yes
- **Please bring the following:** Students will be required to carry a drink bottle.

Signed
The Middle School Team

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I give permission for my child, _____ in grade _____ room no. _____
to attend the excursion to _____ on _____.

My child has the following medical condition / **allergy* _____
and requires the following medication _____

****If your child is anaphylactic please provide an Anaphylaxis Action Plan and EpiPen to the teacher attending the excursion.***

Dosage Requirements: _____

My child is allergic to the following drugs _____

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact Name: _____ Relationship: _____

Contact Number: _____ Mobile: _____