



Carrum Primary School 3385

Walkers Road, Carrum 3197

Telephone: 9772 1117

Facsimile: 9776 1586

Date: 16/05/2017

DISTRICT CROSS COUNTRY

Dear Parents,

- Leaving from Carrum PS at: 9.15am
- Returning to Carrum PS at: 1.30pm
- Method of Transport: Bus
- Cost: \$7
- Permission Slip and payment to be returned to Office by: 19/05/2017
- Please wear school uniform
- Please bring the following: snack, lunch, drink bottle

EXCURSION / INCURSION DESCRIPTION

Your child had made the school Cross Country team. On Friday the 19th of May students will be going to Cornish College to participate at the District Cross Country. Good luck to all competitors on the day.

Kind regards,
Zac Vansittart

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I give permission for my child, _____ in grade _____ room no. _____

To attend District Cross Country on Friday the 19th of May at Cornish College.

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: _____