



# Carrum Primary School 3385

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

Date: 3 May 2017

Dear Parents,

On Tuesday the 16<sup>th</sup> May Grade Six students will be attending a Transition morning at Patterson River Secondary College. The aim of this session is to give the students an experience of what to expect in secondary school.

- **Leaving from Carrum PS at:** 9.00am
- **Returning to Carrum PS at:** 12.00pm
- **Method of Transport:** Bus
- **Cost:** Nil
- **Permission Slip to be returned to Office by:** Friday 12<sup>th</sup> May
- **Staff Attending:** Ally Synot, Marcus Mulcahy, Tammy Hogan
- **Please wear school uniform.**

Best Regards,

Ally Synot.

✂ -----

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: \_\_\_\_\_

- **Please indicate if you wish to use CSEF for payment: Y/N**