



Carrum Primary School 3385

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

Date: Tuesday the 20th of June 2017

Dear Parents,

To encourage a love of reading books, and an interest in borrowing books on a regular basis, we have organised a visit to two local libraries. We will be leaving school at 9.15am on Tuesday 20th of June. We will have a library lesson at the Chelsea Library at 9.45am and then leave at 10.30am to have fruit snack, play lunch and a play at Bicentennial Park, Scotch Parade, Chelsea.

We will then leave the park at 12.10pm and arrive at Patterson Lakes library for a lesson starting at 12.30pm. This will finish at 1.15pm and we will travel back to school for lunch.

If your child has a library card from the City of Kingston they may also borrow a book to take home.

We will have our lunch when we return to school at 1.30pm, so it might be a good idea to pack more fruit and food for play lunch for the excursion, as they use up lots of energy at the park.

- **Leaving from Carrum PS at: 9.15am.**
- **Returning to Carrum PS at: 1.30pm.**
- **Method of Transport: Bus**
- **Cost: \$8 per child.**
- **Permission Slip and payment to be returned to Office by: Monday the 19th of June 2017**
- **Staff Attending: Julie Shaw and Narelle Derix**
- **Please wear school uniform: Yes, especially some warm clothes.**
- **Please bring the following: Fruit snack, play lunch and drink bottle in a small backpack.**

Signed

Julie Shaw and Narelle Derix

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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: _____

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