



# Carrum Primary School 3385

Walkers Road, Carrum 3197  
Telephone: 9772 1117  
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Date: Monday 7<sup>th</sup> August

Dear Parents,

## EXCURSION / INCURSION DESCRIPTION

The Goethe-Institut of Melbourne have asked David Fermer, a German-based children's writer, to take a 'Deutsch mit Socke' sock puppet decorating and filming workshop at Carrum P.S. on Thursday 31<sup>st</sup> August from 1.50 p.m. to 3.30 p.m. 'Deutsch mit Socke' is a TV-Format for teaching German to children and is produced by German national channels WDR and SWR. Years Prep to Four students have watched episodes of the series in their German lessons. David Fermer is one of the co-producers of the series.

25 students from Years 3 and 4 have been invited to participate in this event. Frau Santamaria will assist the students before the day, to prepare their sock puppets ready for decorating during the workshop.

- **Leaving from Carrum PS at: N/A**
- **Returning to Carrum PS at: N/A**
- **Method of Transport: N/A**
- **Cost: Free**
- **Permission Slip and payment to be returned to Office by: Monday, 14<sup>th</sup> August 2017**
- **Staff Attending: Anne Santamaria, Rebecca Schefman**
- **Please wear school uniform: Yes**
- **Please bring the following: Sock puppet**

Signed: Anne Santamaria, German language teacher  
Teacher in charge

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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**