



# Carrum Primary School 3385

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

Date: 17/7/2017

Dear Parents,

## DIGICON 2017

Carrum PS has been invited to present a workshop at DigiCon 2017 – the annual Conference of Digital Learning and Teaching Victoria. The two-day conference (27 & 28 July) focusses on sharing ideas about STEM, Digital Technologies Curriculum, and emerging technologies. Marcus Mulcahy and a group of ten students will show teachers how to create racing cars, boats and lamps using wires, globes, alligator clips, switches, batteries and Lego. Please complete and return the permission form below to enable your child to participate in this activity.

- **Dates of Activity:** 27 & 28 July 2017
- **Venue:** Australian Catholic University, Victoria Pde, Fitzroy
- **Leaving from Carrum PS at:** 7.15am
- **Returning to Carrum PS at:** 5.30pm
- **Method of Transport:** Car
- **Cost:** Nil
- **Permission Slip to be returned by:** 24/7/2017
- **Staff Attending:** Marcus Mulcahy, Narelle Derix, Anne Santamaria, Cassie Kennedy
- **Please wear school uniform**
- **Please bring the following:** Drink Bottle, Snack and Lunch

Best Regards,  
Marcus Mulcahy

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I give permission for my child, \_\_\_\_\_ in Grade \_\_\_\_\_

to attend the excursion to **DigiCon 2017** on 27 and 28 July 2017.

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: \_\_\_\_\_