



Carrum Primary School 3385

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

Date: 11/8/2017

Dear Parents,

MELBOURNE MUSEUM

As part of our Indigenous Studies focus in Term 3, Grade 5/6 students will be visiting the **Melbourne Museum** on **Tuesday, 29 August** to view the **Bunjilaka Aboriginal Cultural Centre**. Please complete and return the permission form below to enable your child to participate in this activity.

- **Date of Activity:** 29 August 2017
- **Venue:** Melbourne Museum
- **Leaving from Carrum Station at:** 8.33am
- **Returning to Carrum PS by:** 3.30pm
- **Method of Transport:** Train from Carrum Station to Parliament Station, Walk to Melbourne Museum
- **Cost:** \$12.00 (*includes Train Fare & entry to Melbourne Museum Bunjilaka exhibition*)
- **Permission Slip to be returned by:** 23/8/2017
- **Staff Attending:** Marcus Mulcahy, Alyssia Synot, Zac Vansittart, Kathryn Kenner, Marianne Van Der Zee, Tammy Hogan, Harry Wang
- **Please wear school uniform**
- **Please bring the following:** Drink Bottle, Snack & Lunch, Weather appropriate clothing

Best Regards,
Marcus Mulcahy

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I give permission for my child, _____ in Grade _____

to attend the excursion to **Melbourne Museum** on 29 August 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: _____

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