



# Carrum Primary School 3385

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

Date: 4/9/2017

Dear Parents,

## FRIENDS OF CARRUM FORESHORE

As part of our ongoing environmental studies program in Grade 5/6, the students have formed a partnership 'Friends of Carrum Foreshore' with the City of Kingston Foreshore Rangers. On Friday 15 September, our students will be involved in revegetation activities on the Carrum Foreshore. Please complete and return the permission form below to enable your child to participate in this activity.

- **Date of Activity:** 15 September 2017
- **Venue:** Carrum Foreshore
- **Leaving from Carrum PS at:** 11.00am
- **Returning to Carrum PS at:** 12.50pm
- **Method of Transport:** Walking
- **Cost:** Nil
- **Permission Slip to be returned by:** 13/9/2017
- **Staff Attending:** Marcus Mulcahy, Kathryn Kenner, Harry Wang
- **Please wear school uniform**
- **Please bring the following:** Drink Bottle and Weather appropriate clothing

Best Regards,  
Marcus Mulcahy

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

to attend the excursion to **Carrum Foreshore** on 15 September 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**