



# Carrum Primary School 3385

Walkers Road, Carrum 3197

Telephone: 9772 1117

Facsimile: 9776 1586

Date: 01/11/2017

## Carrum PS Swimming Carnival

Dear Parents,

- **Leaving from Carrum PS at: 12.00**
- **Returning to Carrum PS at: 2.30pm**
- **Method of Transport: Bus**
- **Cost: \$8**
- **Permission Slip and payment to be returned to Office by: 06/11/17**
- **Staff Attending: Grade 3-6 teaching staff**
- **Please wear: House colours**
- **Please bring the following: snack, drink bottle, bathers, towel, goggles**

### EXCURSION / INCURSION DESCRIPTION

On Friday 10<sup>th</sup> of November students from grades 3-6 will be participating in our annual House Swimming Carnival at Mentone Grammar. This is always a fun day for our students as we cater for all swimming abilities on the day. Students can choose from a range of swimming and non-swimming events to participate in. Students are encouraged to get in the house spirit and wear their house colours on the day.

Kind regards,  
Zac Vansittart

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I give permission for my child, \_\_\_\_\_ in grade \_\_\_\_\_ room no. \_\_\_\_\_

to attend the Carrum PS HouseSwimmign Carnival on Friday the 10<sup>th</sup> of November.

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 are using CSEF Y/N**