

### Permission Notification Report

#### 2017 A1 Hands on Science

Dates: from 12/12/2017 to 13/12/2017

**Details of excursion:** Area One will be participating in a Hands on Science Invisit. Qualified S.T.E.M (Science, Technology, Engineering, Mathematics) teachers will be running a 90 minute session for every class.

**Destination:** Cranbourne West Primary School

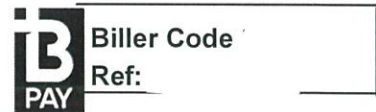
**Special needs:**

**Transport method:**

**Adult responsible:** Mrs Emily ZAREBSKI

**Cost:** \$14.00

**Student details:**



Tear off slip

Please check details on this slip, sign and return to the school no later than the 07/12/2017.

2017 A1 Hands on Science

Dates: from 12/12/2017 to 13/12/2017

**Cost: \$14.00**

**Student Name:** \_\_\_\_\_ *Home Group* \_\_\_\_\_

Use CSEF Funds

**Medical condition/s:** \_\_\_\_\_

**Access Alerts:** \_\_\_\_\_

**Home telephone:** \_\_\_\_\_  
business hours telephone: \_\_\_\_\_

**Home mobile:** \_\_\_\_\_

**Emergency contact number for this excursion:** \_\_\_\_\_  
\_\_\_\_\_

**Doctor name:** \_\_\_\_\_

**Doctor telephone:** \_\_\_\_\_

**Medicare number:** \_\_\_\_\_

**Family has ambulance subscription:** \_\_\_\_\_

I consent to my child taking part in this excursion and 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 medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

**Signature of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

**NOTE:** Parents/guardians should provide written approval prior to their child taking part in any excursion.

