EXCURSION NOTE

Dear Parents,

Year 6 will be participating in a Cluster Mass with all the other Year 6 schools from our Peninsula cluster. The mass is celebrated by Bishop Peter Comensole.

The date of the mass is Tuesday 24th March at 10:30am. The mass will be held at Our Lady of Good Counsel Forestville. This mass is a wonderful celebration for our senior leaders and acknowledges the role they play in contributing to our Sacred Heart catholic community. A bus will be leaving our school at 9:30 and returning to school by 1pm.

The children will travel by bus with their teachers to and from the destination.

The children will need to wear full school uniform on the day and bring morning tea in disposable wrapping.

Please complete the permission slip below and return to school by Friday 20th March

Yours Sincerely,
Mrs Williams, Mr Felsman

I give my child __________________________ permission to travel by bus to the Year 6 cluster mass on Tuesday 24th March at Our Lady of Good Counsel Forestville.

Signed __________________________ Date ________________
EXCURSION PERMISSION NOTE

Please complete this form and return to your child’s Class Teacher no later than Friday 20th March, 2015

I give permission for my child ........................................................................................................................................ of class 6F/6W to attend the excursion to Year 6 Cluster Mass, Our Lady of Good Counsel Catholic School, Forestville on Tuesday 24th March, 2015

Will it be necessary to give any medication whilst on this excursion? YES / NO (please circle) If yes please state

Does your child have any medical condition of which the teacher should be aware?

Emergency contact person for this day is ................................................................................................................................

Contact number for this day is ................................................................................................................................

Signed: _________________________  Date: _____________________________

Parent/Guardian

**Medical Information:**

Does your child have any medical condition or disability which may affect your child’s participation in the school excursion? Yes/No* If Yes, please give details:


Is your child on any prescribed medication(s) which would be required to be continued during the excursion? Yes/No* If Yes, please give details:


Does your child have any allergies (eg insect bites, food)? Yes/No* If Yes, please give details:


Is there any other information you would like to give which, in your view, may affect your child’s participation in the excursion? Yes/No* If Yes, please give details: