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 Comensoli.

The date of the mass is Thursday 10\textsuperscript{th} 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 4\textsuperscript{th} March, 2016.

Yours Sincerely,

Mrs De, Ms Rudd and Mrs Williams
EXCURSION PERMISSION NOTE

Please complete this form and return to your child’s Class Teacher no later than Friday 4th March, 2016

I give permission for my child ………………………………………………………………………………… of class 6D/6W to attend the excursion to Year 6 Cluster Mass, Our Lady of Good Counsel Catholic School, Forestville on Thursday 10th March, 2016.

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:

medication …………………………….. dosage …………………………….. time to be taken ……………………………..

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: