Dear Parents/Guardians,

Signed:

The Year Four students will be travelling by bus on Friday the 16th October to Dreamworld on the Gold Coast for an excursion. They will be looking at the ways in which rides are designed and built. This excursion will be an opportunity for students to use their knowledge of the physical sciences they are learning in Term 4 and it will be linked to the unit of work that the students are currently engaged in on forces and motion.

On the day of the excursion students must be at school before 8:35am to ensure they are ready for an 8:45am departure on the bus. Students will be required to wear their academic uniform and bring their own lunch. Since the excursion is taking place outdoors they will need their wide brimmed school hat and sufficient water for the day. Students will also need to have sunscreen in their backpack to ensure that they can reapply it regularly throughout the day.

The cost of the excursion will be deducted from the excursion levy that is paid each term. Admission to Dreamworld is prepaid by the school and students do not need to bring any money on the day.

Permission forms must be returned to your child's class teacher by Wednesday 14th October. Parent helpers will be required on the day, however numbers will be limited due to transport and admission costs. If you are interested in being a parent helper on the day please indicate your preference on the form below. Your class teacher will contact you to confirm that your assistance will be required on the day.

Regards	,
Bai	fonda.
Jane Batham & David Cudicio	
_	y child,, permission to attend the class excursion to the volrd, Coomera and travel by bus to and from the venue on Friday 16 th October.
	, have completed a volunteer handbook and would like to any the Year Four students to Dreamworld on Friday the 16 th October.
	I would like to attend as a parent helper and have my own prepaid pass that I will use on the day.
	I would like to attend as a parent helper and do not have my own prepaid pass that I will use on the day.

APPENDIX 1 -

Parent/Person With Legal Responsibility for the Student Consent Form

As a Parent/Person with legal responsibility for the student of:
(Child's first name and surname)
l,
(Your first name and surname)
give my consent for him/her to participate in the school activity as detailed in the written information supplied to me. I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.
I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion.
In the event of any illness or accident, I authorise the obtaining of such medical assistance as my child may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.
I include the completed medical information section (below) about my child to assist those who are organising the excursion.
Signed: Date:
Signed: Date: Date:
Emergency contact telephone number:
Medical Information: (Please note - Where * is used, please delete as appropriate)
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: