

Dear Parents /Caregivers,

On Thursday, 4 November, the Year 2, 3 and 4 students from Areas 4 and 7 will be going on an excursion to SERCUL in Beckenham to explore the European and Noongar history of our local area, bush tucker, macroinvertebrates and to learn how to care for and protect our natural environment.

Please:

- read the details below
- complete the information required and
- return the consent form and payment (payments can be made on the QKR app) to the front office by **Friday, 22 October**.

EXCURSION TO: SERCUL

DAY / DATE: Thursday 4th November 2021.

DEPART SCHOOL: 8.30am **ARRIVAL BACK AT SCHOOL:** 14.15pm

COST: \$18.00 per student.

SUPERVISORY STAFF: Jenny Walters, Stacey Mania, Warren Brown, Cecelia Woodend and Hong Fletcher.

SPECIAL REQUIREMENTS: All students will need to bring a hat, labelled water bottle, and recess and lunch in a disposable bag.

If you have any queries regarding this excursion, please contact the school on 9216 8667.



Jenny Walters
Teacher in Charge



Fiona Blundell
Principal

12/10/2021



SERCUL Excursion

I consent to _____ from Area ____ participating in the excursion to SERCUL on Tuesday 4 November 2021.

I can be contacted at home: Phone _____

Emergency Contact: Mr / Mrs / Ms _____

Phone: _____

Signature: _____

Date: _____

STRICTLY CONFIDENTIAL

This information is required for each student participating on the excursion and will assist the school and supervising teachers in the preparation and planning of the excursion.

Student details

Student's name and Area _____ Date of birth _____
Parent/guardian's full name _____

Address _____ Postcode _____

Telephone: Home _____ Telephone: Work _____
Mobile: _____

Name of family doctor: _____ Telephone: _____

Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes No

If "yes", please give details:

Is your child allergic to:

Penicillin	<input type="checkbox"/>	Please give details	_____
Any other drug	<input type="checkbox"/>		_____
Any food	<input type="checkbox"/>		_____
Other	<input type="checkbox"/>		_____

Date of last tetanus vaccination: _____

Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursion.

Is your child presently taking tablets and/or other forms of medication?

Yes No Medication Name: _____

Does your child self-administer the medication?

Yes No Medication Dosage & Frequency: _____

Other Information: Please provide any other information which the organisers should be aware of:

Signature _____ Date _____