PARENT INFORMATION AND HEALTH FORM
FOR SCHOOL INCURSION

Dear Parent/Guardian,

I am pleased to inform you that on Thursday 9th or Friday 10th August (See class schedule below), students will be attending an incursion to explore Chemical Sciences as part of Science Week.

REASON FOR EXCURSION: This excursion has been planned to supplement the following work being completed in your son's/daughter's classroom:

Material Mysteries (Years K-3)
All around us are things made from different materials that have observable properties. Students find out about materials, about mixing, heating, cooling and changing them.

Mind Over Matter (Years 4-6)
Students will explore a variety of materials, their properties (including strength, hardness, absorbency, weight, buoyancy) and their uses. They will be intrigued by the properties of liquids, solids and gases and how they change with temperature.

ACTIVITIES TO BE CONDUCTED: Students will be participating in their regular Senior Sport groups.
COST: $3.50 per student
TRANSPORT/LOCATION: School Undercover Area

Special clothing or other items required: Full school uniform

CONTACT ARRANGEMENTS: School Phone (9397 4300)
SUPERVISION TO BE PROVIDED: Class teachers will supervise their own classes.

Day	Time	Classes
Thursday	8.45-9.25	K1, K2, K3, PP5
	9.40-10.30	Rms 15, 16, 17, 18
	11-11.40	RMs 1, 2, 5, 6, 12
	12-12.50	Rms 21, 28, 29, 30
	1.30-2.15	Rms 9, 10, 11, 7, 14
Friday	8.45 – 9.25	K1, K2, K3, PP1
	9.40-10.30	Rms 22, 23, 24, 26
	11-11.40	PP3, PP4, PP2, Rm 8
	12.00-12.50	Rms 19, 20, 27

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Contact Information (Please circle the best contact number you are available on during the excursion time)

☐ Home:	☐ Work:	☐ Mobile:

I have read and understood the information regarding **Science Week Incursion** and give my consent for my son/daughter

____ to attend.

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

Signature of parent/guardian: ___________________________________ ***Date*** __________________

If your son/daughter has special needs please provide full details and include any relevant medical details on the attached Student Health Care Summary. If the proposed excursion poses any additional health risks to those identified in the Student Health Care Summary, e.g. if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline any additional health risks below:

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Please place the signed consent form and make payment of $3.50 by: Friday 3rd of August, 2018

Please select Payment Type:-
☐ Cash
☐ EFTPOS (Office)
☐ Direct Deposit – BSB:- 066040 ACC:- 19903450 REF:- Student Surname & Room #