



DARLINGTON PRIMARY SCHOOL

PARENT INFORMATION AND CONSENT FORM FOR SCHOOL EXCURSION

Dear Parent/Guardian

Please read the following details regarding our excursion to: **Eastern Hills Primary Proms Concert**

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

Experiencing and responding to a range of musical sounds, including live music.
Appreciating opportunities available through participation in a school instrumental music program.

COST OF EXCURSION: \$5.00

PAYMENT AND CONSENT FORMS DUE BY: Monday 16th October 2017

Payment options available: Payment to class, EFTPOS in office or www.flexischools.com.au

DATE: Tuesday 17th October 2017

CLASSES INVOLVED: Rooms 4, 5 11 & 12

LEAVE SCHOOL AT: 10.50 am

BACK AT SCHOOL AT: 1.10 pm

TRANSPORT: Bus

LUNCH: Not required

SPECIAL NOTES: Wear School uniform

TEACHERS IN CHARGE: Mr Sherpa, Ms MacKay, Mrs Ferrari, Mrs Barley

Please sign and return the accompanying Consent Form with Payment

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EXCURSION TO:

I have read and understood the information regarding the excursion and I give consent for my child to attend.

Where it is not practical to communicate with me, I authorise the teacher in charge to consent to my child receiving such medical treatment as may be considered necessary. I am aware that the Department of Education insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings and that I am responsible for any costs incurred, eg medical treatment, ambulance.

CHILDS NAME: _____ **ROOM NUMBER:** _____

Parent Name and Contact Details on this day: _____

Home: _____ Mobile: _____ Work: _____

Emergency contact if Parent not available:

PAYMENT OF \$ _____ CASH ENCLOSED / PAID AT OFFICE / PAID ON FLEXISCHOOLS (Please circle)

Parent/ Guardian Signature: _____ Date: _____

Please complete Health information on the reverse if there are any changes to the details previously supplied to the school.

HEALTH UPDATE

The following details have changed from those recorded on my child's medical information form
