Re: Year 2 Excursion and Incursion Term 3

Dear Parents and Caregivers of Year 2 Students

The Caboolture Historical Village excursion is quickly approaching. It has been planned as part of our History unit for our Inquiry unit.

The details of the Caboolture Historical Village excursion are outlined below and a Parent Consent/Medical Form has been attached for you to return to your child's classroom teacher by no later than Monday 27 August 2018. Please Note: It is a legal requirement that Parent Consent/Medical Forms be returned prior to the Excursion. If your child's form is not received by Monday 27 August 2018, they will not be able to attend the Excursion.

Excursion Date: Friday 31 August 2018

Destination: Caboolture Historical Village

Purpose of Excursion: To explore a special, historical feature of the local area and understand

ways people lived in the past.

Cost: Payment made in school fees.

Time Leaving School: 9:00am to arrive for 9:30am

We will arrive back at school by 2:30pm. Time Returning to School:

Mode of Transport: Bus with Seatbelts

What to Wear: Sports Uniform with School Hat, Sunscreen

What to Bring: - Morning Tea and Lunch - Packed in separate disposable packages that

are clearly labelled with your child's name.

- Drink bottle of water (water bottle).

- Fully charged iPad.

- Excursion Bag.

Supervision: Teachers, Teacher Aide and Parent Helpers

We will require some parent help to assist us on the excursion, so if you are able to help, please complete the form attached and return to your child's classroom teacher by no later than Monday 27 August 2018.

Please be advised that parent helpers will be selected by lottery as per school procedure, however we will endeavour to accommodate as many offers of help as possible. You will be notified on Tuesday 28 August 2018 if you are selected.

Science Steve will also be visiting the students at school for an incursion on Monday 3 September 2018. He will be tuning students into their learning for their next Science unit.

Should you have any questions about either events, please do not hesitate to contact us.

Warm regards

Cathy Henderson and Jenelle Cross Year 2 Classroom Teachers



Please complete and return to your child's classroom teacher by Monday 27 August 2018.



PARENT HELP

YEAR 2 EXCURSION TO CABOOLTURE HISTORICAL VILLAGE Friday 31 August 2018

Yes, I am able to assist on the Year 2 Excursion to the Caboolture Historical Village on **Friday 31 August 2018**.

Parent Name:	Class:			
Mobile No.:				
Signature:	Date:	/	/	



Please complete and return to the School Office by Monday 27 August 2018.



PARENT CONSENT FORM Excursion

OFFICE USE ONLY
Received Date:
//

<u>Please Note</u>: It is a legal requirement that Parent Consent/Medical Forms be returned prior to the Excursion. It is the school's requirement that this be returned by Monday 27 August 2018. If your child's form is not received by this date, they will not be able to attend the Excursion.

l/we, _		as parent/carers of
	Your First Name and Surname	·
_	Child's First Name and Surname	 Class
	our consent for him/her to attend the Year 2 Excurs in Friday 31 August 2018.	ion to the Caboolture Historical
to ensure	ept that the teachers and instructors will take appropriate the safety, well-being, and successful conduct of the associated with the excursion / incursion.	
my child the super medical tr	ent of any illness or accident, I/we authorise the obtainmay require. In the event of any medical emergency vising teacher-in-charge as our agent, with the right to reatment, if deemed necessary, and we cannot immed doctor who treats our child in any emergency life-or-deat	during the excursion, I/we appoint arrange ambulance evacuation and liately be contacted. Any such duly
Str	rike out which does not apply below and <u>SIGN</u> the a	ction you wish to be taken.
a)	Has my/our consent to undertake life-saving sur administration of anaesthetic and/or blood transfusion Parent Signature:	
b)	Has my/our consent to take the following alternative situation, because of our religious or other object anaesthetics.	
	Parent Signature:	
	accept the responsibility for payment of any expense osed by the school's insurance policy (student insura	
medication labelled	child requires medication whilst on the excursion on with a Pharmacy Label (Patient Name, Dosage container or quick seal bag with documentation stoom the teacher on the morning of the excursion / incu	ge, Doctor's Name) in a clearly ating dosage and frequency and
those who	de the completed medical information section (over the organising the excursion / incursion, and for reflecting the school of any changes to medical conditions on.	erence in any medical emergency.
Signed: _		Date: / /
	Parent / Person with Legal Responsibility for the Child	1

(Continued Over Page)

Line geney de	ntact Telephone Numbers:
Does your chil	d have any medical condition or disability which may affect his or her participation in
YES / NO	*If YES, please give details.
Is your child of excursion / inc	on any prescribed medication/s which would be required to be continued during the ursion?
YES / NO	*If YES, please give details.
Does your chil	d have any allergies or sensitivities (e.g. insect bites, food)?
YES / NO	*If YES, please give details.
Does your chil	d suffer from motion sickness?
YES / NO	*If YES, please give details.
	her information you would like to give which, in your view, may assist the school in the y of your child during the excursion / incursion?
YES / NO	*If YES, please give details.
Do you give co	onsent for photos/video of your child to be taken by the teachers/staff on this excursion

YES / NO