Year 1 Excursion to CERES Community Environment Park

What: This excursion is designed to provide students with the opportunity to explore various cultural celebrations.

Why: This excursion is part of our Shared Inquiry Unit: Celebrations.


When: Tuesday 2nd August
All Year 1 classes will all be attending. We will leave school at 9:10am and return to school by 3:30pm.

Bring: All visitors to CERES are requested to be waste free.
Students will need to bring a drink bottle, their morning snack and lunch in their lunchbox, with no wrappings or ‘rubbish’. CERES only provides compost bins for food scraps and a recycling bin for plastic drink bottles. Students are required to wear suitable clothing for outdoor activities, including raincoats if needed.

Cost: The cost of this excursion is part of the 2016 Excursion/Incursion payment. For those families who have not yet paid, payment must be made at the General Office prior to the excursion. If you require any further assistance with this, please contact the General Office.

Please note, the children will be travelling to, and from the venue, in buses fitted with seat belts.

Online approval must be completed by Tuesday 26th July 2016
Please indicate if your child is taking any medication or has any special medical condition that we should be aware of:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes / No - If Yes</th>
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<tbody>
<tr>
<td><strong>Allergies</strong></td>
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<td><strong>Anaphylaxis</strong></td>
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<td><strong>Asthma</strong></td>
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<tr>
<td><strong>Other Conditions</strong></td>
<td>Yes / No</td>
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</tbody>
</table>

Does your child have medication at school? Yes / No

Does your child have an Epi-pen at school? Yes / No

Does your child require medication? Yes / No

Other Conditions

Please add any relevant details

I give permission for my child __________________________ in Year __________ to take part in the Excursion to the CERES Community Environment Park on Tuesday 2nd August. I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving medical or surgical treatment as may be deemed necessary.

Parent/Guardian Name: __________________________ Date: __________

Parent/Guardian Signature: __________________________

Contact number on the day: __________________________

Please tick if able to assist on the excursion

Your classroom teacher will notify you prior to the excursion if your assistance is required, or not.

All parents assisting on the day must have a current Working with Children Check and must be able to travel on the bus with the group.

(Please note, no toddlers are able to attend)