Excursion Title: Swimming Program
Educational Purpose: Physical Education
Destination: Pakenham Indoor Pool (Cardinia Life)
          Princes Hwy, Pakenham
Date: Monday 31st August to Friday 11th September (10 days)
Transport: Bus
Cost: $110
Teacher in Charge: Liz Alderson
Dress: Swimwear and towel

Excursion Title: Swimming Program

I have read all of the above information provided by the school in relation to the excursion, including any attached material.

☐ I give permission for my child /children:

................................................................. (full name) in Grade ........
................................................................. (full name) in Grade ........
................................................................. (full name) in Grade ........ to attend.

☐ Will NOT be attending the swimming Program.

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

• consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner;
• administer such first aid as the teacher-in-charge may judge to be reasonably necessary.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

I can be contacted on this phone number on the days of the excursion:

Office Use Only

Payment Received

Date