



Excursion / Incursion Consent Form

Event Title: BIOCATS & BIOLAB

Please read the excursion details and return the signed permission note and payment by the due date.

Group Attending/Organiser	Grade 6 / Kerry Barnwell		
Date	BIOCATS – 9 th Oct (6DS), 10 th Oct (6JM, 6KB) & BIOLAB – 29 th Nov (6JM), 30 th Nov (6DS & 6KB)		
Time	9.00am – 3.20pm		
Venue	BIOCATS – Simonds Stadium, South Geelong, BIOLAB – Victorian Bioscience Education Centre		
Purpose / Details of Activity	As part of our inquiry unit, students will have the opportunity to explore a range of health related sciences through hands on activities. BIOLAB’s aim is to engage and inspire the next generation into Science, Sport and Mathematics careers using innovative technologies.		
Uniform	Correct school uniform and appropriate footwear must be worn. Please bring hats during SunSmart period (from 1 st September to the 30 th April) or jackets during Winter.		
Food/ Drinks	Lunch, snack and a bottle of water		
Additional Requirements	Sports uniform, sneakers, any medication required eg, ventolin		
Student Behaviour	Students are expected to consistently follow the LLPS Student Code of Conduct. Attendance on the excursion is dependent upon your child’s ability to make strong behaviour choices in line with their understanding of these agreements.		
Parent Helpers	Parent Helpers are required for this excursion: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Cost/Payment	\$14.00		
Return Permission By:	Friday 8th September	Payment Required By:	Friday 8th September
Important Information:	CSEF Government funding for eligible families assists with payment for Camps and Excursions. Have you applied?		

Kerry Barnwell
GRADE 6 TEAM

Steve Durkin
PRINCIPAL



Event Title: BIOCATS & BIOLAB

PERMISSION NOTE – PLEASE DETACH AND RETURN

I give my child _____ Grade _____ permission to attend the above mentioned excursion/incursion

MEDICAL CONSENT

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 any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

I have enclosed \$ _____ Please use credit on my account Please use CSEF on Account

MEDICAL INFORMATION

Please add any medical information about your child that may be required for the excursion/incursion:

Parent Signature: _____ Date: _____

Emergency contact number on the day of excursion/incursion: _____

If parent helpers are required, are you available to assist on the day: Yes No



Excursion / Incursion Consent Form

ADDITIONAL INFORMATION:

Due to the possible allergic reaction to some sunscreens, the school will generally not supply sunscreen to students. If you wish your child to have sunscreen please apply it on the morning of the event and put the product in your child's bag so he/she can apply more sunscreen later in the day. Children will be reminded to use their own product, if supplied.

Hats remain necessary to protect the student's eyes from UV damage.

Child's Name..... Grade:.....

Payment for: (e.g. swimming, excursion levy, etc.)

Amount: \$..... (Visa/Mastercard payments need to be \$10 or more.)

**For payments of \$10.00 and above, a credit card facility is available
Please complete this form and send it to the office. Thank you.
CREDIT CARD AUTHORISATION**

(Please complete details as they appear on your credit card)

PLEASE PRINT INFORMATION CLEARLY

Card type: VISA MasterCard **(please circle appropriate card)**

Cardholder's Name: _____

Total Payable: \$ _____

Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date: _ _ / _ _

Signature: _____