



# Excursion / Incursion Consent Form

## Event Title: Preparation for Puberty Incursion

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

<b>Group Attending/Organiser</b>	Grade 5 and 6 - Organiser: Jessica Hull		
<b>Date</b>	Term 3, Weeks 8, 9 and 10		
<b>Time</b>	Lessons will be conducted within the school during normal class hours		
<b>Venue</b>	Lara Lake Primary School		
<b>Purpose / Details of Activity</b>	Preparation for Puberty program for both Grade 5 and Grade 6 students. Students will be learning about the physical and chemical changes that occur during puberty. Students will participate in 2 x mixed sessions and 1 x boy/girl session		
<b>Uniform</b>	Correct school uniform and appropriate footwear must be worn. Please bring hats during SunSmart period (from 1 <sup>st</sup> September to the 30 <sup>th</sup> April) or jackets during Winter.		
<b>Food/ Drinks</b>	Not applicable		
<b>Additional Requirements</b>	Not applicable		
<b>Student Behaviour</b>	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.		
<b>Parent Helpers</b>	Parent Helpers are required for this excursion: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Cost/Payment</b>	\$10 per student		
<b>Return Permission By:</b>	Friday, 18th August	<b>Payment Required By:</b>	Friday, 18th August
<b>Important Information:</b>	CSEF Government funding for eligible families assists with payment for Camps and Excursions. Have you applied?		

Jessica Hull  
SENIOR TEAM

Steve Durkin  
PRINCIPAL



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### 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



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## ADDITIONAL INFORMATION:

In line with the learning needs of Grade 5 and Grade 6 students, we will be conducting the puberty and personal development portion of the curriculum, commencing in Term 3. We have again enlisted the services of Kimberley Thomas, a qualified puberty educator and teacher to deliver her "Totally Random" program, which we trust will be interesting and fun for the students.

Students will take part in both coeducational sessions as well as single sex sessions.

### Parent Information Session

A 1 hour information session for **Grade 5 and 6 parents will be held on Monday 21st August 5:30pm - 6:30pm** in Room 2/4. You are invited to come along for an informal chat with Kimberley, the program provider, and other parents to discover what students will be learning during these lessons and ask any questions you may have.

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:            \_\_\_\_\_