Our Lady of Mt Carmel Primary

YEAR 4B EXCURSION NOTE - CARES

Name of Excursion: CARES

Purpose of Excursion: PDH - Bike Safety: Develop knowledge and skills about keeping safe on the road in a tailor made area that models real life roads. This program is conducted by police officers.

Date of Excursion: Wednesday, 24 October 2018

Excursion Location: Auto Place, Prospect

Mode of Transport: Bus

Time of Departure: 9:00am

Expected Return Time: 2:30pm

Items Required: Wear full sports uniform and hat.

The cost of this experience is covered by the Activities Fee included in your annual School Fee Statement.

Please return the signed section below to the class teacher by Friday, 19 October 2018.

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YEAR 4B : CARES EXCURSION - PERMISSION NOTE

I give permission for my child _____ in class _____ to attend the excursion to CARES. I understand that travel will be by bus.

Does your child have any allergies? _____
(If so, please name allergy)

Is your child at present on any medication? _____
(If so, please name medication)

_____ _____ _____
Parent/Carer Name Parent/Carer (Signature) Date

This excursion requires **3 parents** to assist with supervision. If you are able to attend the excursion, please complete the form below and return to school as soon as possible. It is not always possible to take all available parent volunteers. You will be notified if your attendance is required on this occasion.

- ❑ I have attended a Child Protection Briefing for Volunteers at school within the past 2 years.
- ❑ I have completed the 'Building Child Safe Communities - Undertaking for Volunteers' Form within the past 2 years.
- ❑ I have completed the online Child Protection Training Module within the past 2 years.

Name _____ Signed _____

IMPORTANT: THIS SECTION MUST BE RETURNED BEFORE EXCURSION DATE.

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