**MELBOURNE MUSEUM - MINIBEASTS EXCURSION**

10 October 2016

Dear Parents,

An excursion has been arranged involving your child’s class. Please read the following details regarding the activity and sign and return the permission slip with any payment, by the designated date. *Please note: Your child will only be able to participate if we receive a signed permission form no later than Friday 28th October 2016. Unfortunately we cannot accept payment after this time as we have administrative procedures to complete. Phone permission is **not** acceptable.*

This semester, the Foundation students are learning all about minibeasts through our inquiry, ‘What is a minibeast?’

As part of our learning, all Foundation students will be attending an education program, ‘Bugs, Bugs, Bugs!’ run by teachers at the Melbourne Museum. Students will be provided with opportunities to investigate the creatures that share our garden, explore the way they live and help our gardens grow.

Students will need to be dressed in full school uniform with footwear that would be appropriate for walking all day. Please provide students with their snack and lunch in two separately named bags [no lunchboxes], and with a clearly named disposable drink [no cans or glass].

<table>
<thead>
<tr>
<th>Classes involved:</th>
<th>Date of Excursion:</th>
<th>Time of Departure:</th>
<th>Travel Arrangements:</th>
<th>Proposed Staffing/Assistance:</th>
<th>Return Slip and payment no later than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FG, FH, FB, FS</td>
<td>Friday 4th November</td>
<td>8.45am</td>
<td>Travel by seat-belted bus.</td>
<td>Miss Uebergang, Miss Hand, Mrs Baltas, Mrs Sayers &amp; Mrs Irvine</td>
<td>9.00am Friday 28th October</td>
</tr>
</tbody>
</table>

Signed:………………………………………………………… Signed:…………………………………………………………
Michelle Sayers, Co-ordinator Julie Morris, Acting Principal

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**EXCURSION PERMISSION NOTICE**

**MELBOURNE MUSEUM-MINIBEASTS EXCURSION**

Please return slip & payment no later than 9.00am SHARP Friday 28th October 2016

I give permission for my child ____________________________ in grade __________ to participate in *Botanical Gardens Minibeasts Excursion* on Friday, 4th November 2016

**CONSENT TO MEDICAL ATTENTION**

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.

(Parents of asthmatic children should ensure that they have all necessary medication with them).

Emergency Contact phone number on the day: ........................................... Name: ..............................

Signature of Parent/Guardian: ................................................................. Date: …/…/2016

**Cost of Excursion:** $16.00  □ I enclose $16.00  □ I have paid Excursion Levy