Dear Parent/Caregiver,

The teacher in Room 6 is planning an excursion to Buckingham House. Please read the information below which explains details of the excursion then complete the accompanying permission slip. The permission slip must be returned by Friday 18 March.

**Reason For Excursion:** As part of the History Curriculum the students will explore and appreciate the history of a significant building in the local community.

**Activities To Be Conducted:**

- **Date:** Tuesday 22 March
- **Cost:** $17.50
- **Transport Arrangements:** Students will travel by bus
- **School Departure Time:** 9:00am
- **Return to School:** 12:00pm

**Student Contact Arrangements During Excursion:** Please phone the school

**Supervision To Be Provided:** Mrs Ward, Mrs Latham and parent helpers

**Staff Action In Case Of Accident Or Illness On The Excursion:** Medical treatment will be given, or in an emergency, an ambulance will be called

**Special Clothing Or Other Items Required:** Bottled water, sun protection – [hat and cream]

**Signed note and money must be returned to the class teacher by:** Friday 18 March

**Class Teacher** - Mrs Ward

**Note:**
Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/caregivers should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent.

Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child’s health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

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**Edgewater Primary School** - Parent/Caregiver Consent Form

**Excursion to Buckingham House** - Tuesday 22 March 2016

To be returned signed to the school by: Friday 18 March.

I have read and understood the information regarding the above excursion and give my consent for my son/daughter.................................................................to attend. Room: .................

☐ Money enclosed    ☐ Paid online    ☐ Please take from credit

Please email: kathy.dean@education.wa.edu.au if payment is made online

5 adult helpers are required for this excursion. Please indicate below if you are able to attend. There is no cost for adult helpers.

☐ I am available to attend this excursion

**Parent/Caregiver Signature:**................................................................. Date: .......................