



CRANBOURNE PRIMARY SCHOOL EXCURSION CONSENT FORM

20th July, 2017

Title of excursion	Hoop Time – Senior School
Destination	Sport for All Centre, Cranbourne
Date(s)	WEDNESDAY 16th August
Description of the excursion	<i>As part of our Physical Education program, Cranbourne Primary has entered the McDonalds Basketball Hoop Time competition. Your child has expressed interest towards participating in this event. The event involves children participating in a round robin competition, against other schools in the Cranbourne District.</i>
Departure time	8.45am <i>Due to the venue being within walking distance from the school, children will be leaving with their teachers and walking to and from the stadium.</i>
Return time	3.00pm
Cost	\$10.00 <i>This fee covers registration, district fees, hire of sports stadium and umpiring.</i>
Cut off date	As this is an extra curriculum activity and many students have expressed interest your child has been selected in the first round offer. Permission forms and money must be returned to the office by Friday the 28th July and no later than 4pm. If forms are not returned by this date, your child's place in the team will be offered to another student.
Special Considerations	Clothing: Full school uniform, suitable runners/sneakers and shorts with no pockets. Waterproof coat, umbrella and spare shoes in case they get wet while walking to the stadium.
	Food: Snacks, lunch and a drink (preferably water).
Teachers attending	Fiona Baxter, Justin Z

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CRANBOURNE P.S. - EXCURSION CONSENT FORM

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I, Parent/guardian of _____ (print student's name) from Grade _____ do hereby give my child permission to participate in the above excursion. I am aware of the nature of any hazards associated with this activity and understand that my child is expected to behave according to the behaviour code set by the school.
I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical, first aid or surgical treatment as may be deemed necessary. I understand that transport may be by private car, and that such car has full comprehensive insurance.

Parent/Guardian Signature: _____ Date: _____

Will your child need to take medication whilst on this excursion? Yes No

Medication Name: Time to be given: Dose:

Emergency contact number(s) for the day(s) of the excursion:

Name:	Phone Number:
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Payment details: Please make payment in an envelope with the child's name and grade displayed.

CSEF Total amount enclosed \$ Cash