Dear Parent / Guardian,

An excursion has been arranged for students in the group(s) listed below. We believe it will be of considerable educational and social benefit to your child if they can participate. Please study the details of the excursion provided below. If you require additional information contact the Teacher-In-Charge of the excursion. If you approve of your child’s participation please complete the consent form reply slip below and return it along with the cost of the excursion by the due date listed below. This excursion has been approved by the school’s administration.

Teacher-In-Charge: **Kate Bytheway**
Class or Group involved: **Year 5 students**
Date(s) for activity: **Tuesday, 1 December 2015**
Time leaving: **9.00am**
Return Date: **Tuesday, 1 December 2015**
Time Returning: **3.00pm**
Clothing and Equipment: **College Uniform worn to and from School**
Means of Transport: **Bus**
Materials Required: **Change of clothing & shoes for activities**
Lunch Arrangements: **BYO lunch, snack & water bottle**
Cost to be paid by: **20/11/2015**
Deposit and Due Date: **0 -**
Emergency Contact: **Carranballac College 03 9395 3533**

**Total Cost = $35.00**

As a component of Student Leadership Development we will be offering in conjunction with Halls Outdoor Education, a Canoeing experience (Sanctuary Lakes) and a guided coastal walk (Point Cook Coastal Park) to our Year 5 students. Students who did not attend the College swimming program need to supply a certificate or letter of proficiency (dated within the last 12 months) to canoe.

Please detach and return the consent form to your teacher by 9.00 am on 20/11/2015

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Carranballac P-9 College - Consent Form for Excursion - Organiser: Kate Bytheway

**Year 5 students - Year 5 Canoeing & Coastal Walk -Greg Norman Drive Sanctuary Lakes**

<table>
<thead>
<tr>
<th>Name Of Parent / Guardian:</th>
<th>Contact:</th>
<th>Name of Student:</th>
<th>Form Group:</th>
<th>Year Level:</th>
</tr>
</thead>
</table>

**Date(s) of Excursion:** **Tuesday, 1 December 2015**
**Cost:** **$35.00**

I give consent for my child to participate in this excursion in accordance to the conditions specified in the activity notice.

I authorise the Teacher-In-Charge of the excursion to consent, where it is impracticable to communicate with me, to my child’s receiving such medical and / or surgical treatment as may be deemed necessary.

Parent / Guardian: ___________________________ (Signed) Date Today: __________________

In the space below list any special medical conditions and treatments teachers need to know