Dear Parents,

As part of our inquiry unit we will be learning about sustainability. In order to give the students a better understanding of how Australians have used, protect and affected the environment we have organised an excursion to the Western Treatment Plant. There the students will be able to participate in a number of relevant activities and possibly visit a market garden in the Werribee South area.

**When:** Tuesday 6\textsuperscript{th} May, 2014 - 9:20am – 2.00pm

**Where:** Western Treatment Plant – Newfarm Road, Werribee.

**Cost:** $10

**Uniform:** Sports uniform (long pants and flat-soled, enclosed shoes must be worn – as per Western Treatment Plant regulations)

**Lunch:** Students will need to bring lunch and snack in a marked plastic bag.

Of course an excursion such as this will not be possible without your assistance. If you would like to help and have a valid “Working With Children Check” certification, which has been registered at the school office, please indicate on the attached form and your child’s class teacher will contact you. Because of the responsibility involved in supervising a group of children, you will not be able to bring along pre-schoolers and we are unable to accommodate any extra persons due to limited space on the buses. Please note, also, that all parents assisting with this excursion will be required to attend a compulsory briefing session on Monday the 5\textsuperscript{th} May at 3:15 in the 5B classroom.

In order to confirm numbers etc I ask that all permission forms be returned to school by Friday the 2nd May, 2014.

Kind Regards

Adele Vesty, Sally Jeffree, Pauline Knowles (Grade 5 Teachers)
I give permission for my child__________________ to attend the Grade 5 excursion to the Western Treatment Plant.

I understand that my child will be bussed to and from the Western Treatment Plant.

Emergency contact number for the day is__________________

Please provide details of any medical conditions of which the person in charge of my child’s group would need to be aware

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorise the teacher in charge of the excursion to:

- Consent to ____________________________ (child’s name) receiving such medical or surgical assistance as is recommended by a medical practitioner in the event of any illness or accident;
- Administer or consent to such first aid as the teacher in charge of the excursion may consider being reasonably necessary in the event of illness or accident.
- I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for the payment of all expenses incurred in relation to such treatment and any emergency transportation required.
- I also accept that my child may be returned home early from the excursion or activity in the event of serious misbehaviour and that any cost associated with this will be met by me.

Signed: ______________________________________

Date: ________________________________

PARENTAL ASSISTANCE

☐ I ______________________ am able to assist on this excursion and understand that I will be required to attend a compulsory briefing at least two days prior to the excursion.

☐ I, ____________________________ have a valid ‘Working With Children Check’ Certification Card.