Melbourne Zoo Excursion:

Purpose:
To accompany our ‘survival’ inquiry, Prep students will be participating in an excursion to Melbourne Zoo. Students will be provided with opportunities to connect with wildlife and build their understandings of what living things need to survive and real life conservation issues. They will tour the zoo, as well as attend a Zoo Education Session.

Date: Tuesday 18th August 2015

Cost: $26, which covers the cost of transport, entry and education session

What to bring: Students’ need to wear school uniform and other suitable warm clothing for a day spent outdoors. Students are required to bring their snack, drink and lunch in one disposable labelled bag.

Parent helpers: We are inviting a small number of parent helpers to attend and assist us on the day of the excursion. If you would like to attend could you please complete the bottom section on your child’s permission form. You will need to have a current Working with Children Check. Please note if there are more volunteers than required a ballot system will apply.

Please complete and return the form below with $26 by Friday 14th August.

Teachers
Sarah, Michelle, Jess and Alex

Principal
Phil Clinkaberry

(Permission Form – Melbourne Zoo
Return with $26 by August 14th

I, ___________________________ parent/guardian of ___________________________ of room ________ give permission for my child to participate in the excursion to Melbourne Zoo on Tuesday the 18th August, 2015. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Medication information
Please complete if the student is currently taking medication and will need to take that medication on this excursion.

<table>
<thead>
<tr>
<th>NAME OF MEDICATION (E.g. Ventolin)</th>
<th>METHOD (E.g. puffer held by student)</th>
<th>WHEN, &amp; HOW MUCH (E.g. 2 puffs when required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed ___________________________ Date ___________________________

Contact phone number for Tuesday the 18th August 2015: __________________________

Parent Assistance
☐ Yes, I __________________________ (name) would like to volunteer as a parent helper on the day and have a current Working with Children Check.