

Dear Parents and/or Caregivers,

On _____ the students and staff from Room _____
will be participating in an excursion to: _____

The educational purpose for this excursion is: _____

EXCURSION INFORMATION:

Date: _____ **Time of Departure:** _____ **Return:** _____

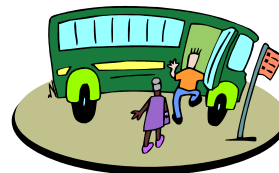
Venue: _____ **Cost:** _____

Lunch Arrangements: _____

Travel Arrangements: _____

Staff involved: _____

Regards,



Please sign and return the slip below:

✂ -----

Excursion: _____ Room: _____

I approve of the above arrangements and I authorise the teacher-in-charge of the excursion to consent, where it is impractical to communicate with me, to my child _____ (name) receiving medical or surgical treatment as may be deemed necessary

Signed: _____ Date: _____