

MOSSFIEL PRIMARY SCHOOL

21 November 2016

YEAR 5/6 END OF YEAR ACTIVITY

Dear Parents/Guardians,

As part of our end of year activities for the year 5/6 students, we have organized a special activity to **BELLARINE ADVENTURE PARK** in Wallington on **MONDAY 19TH DECEMBER** for all year 5/6 students.

The **cost** of the activity will be **\$37.00** per student, which includes access to all rides and attractions and bus hire. The Adventure Park includes many rides and attractions. These include water rides (Rapid Rider Waterslide and 6 Lane Aqua Racer) and recreational activities such as mini golf and volleyball. During the activities, students will be supervised by teachers as well as park attendants.

Students are expected at school before 8:40am in **full school uniform**, so we can get a full day of fun in at the park and will arrive back to school at 3:00pm.

We ask **students to have their swimming attire on underneath their uniform** to make the day run smoothly. Students will need to bring a named suitable bag with a spare change of clothing, water bottle, snack, lunch and towel. Lunch can also be purchased from the park's food outlets but students will be responsible for any money they bring along.

No valuables are to be brought along on the excursion.

Permission forms and money are due back before Friday 16th December 2016.

If you have any queries, please feel free to ask your child's classroom teacher.

Thank you – 5/6 Team



MOSSFIEL PRIMARY SCHOOL - BELLARINE ADVENTURE PARK

CHILD'S NAME _____ CLASS _____

I give permission for my child to participate in the excursion to the Bellarine Adventure Park and enclose \$37.00.

Consent to Medical Attention

Where the teacher in charge of the excursion is unable to contact me or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

On this day I / We can be contacted at _____ Phone _____

PARENT'S SIGNATURE _____ DATE _____

Special Provision - In compliance with Department Practices it is necessary for parents to notify schools of any **special medical circumstance** that exists in relation to school camps, excursions and sporting activities. As a consequence we request parents to indicate below any special medical circumstance that relates to a child participating in any of the above activities.

Medical Circumstance (please tick where applicable)

- Diabetes Epilepsy Asthma Haemophilia
- Other (please specify) _____

Medication Provided (with instructions) _____

PAYMENT BY CREDIT CARD

Card No

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Bankcard Visa Mastercard Expiry Date:/...../.....

Signature.....

Name on Credit Card