

**Mossfiel Primary School**  
**YEAR 3/4 - MELBOURNE ZOO - TUESDAY 19 DECEMBER 2017**

23 November 2017

Dear Parents,

As a conclusion to our topic *Life Cycles* and an end of year celebration, the 3/4 students will be going to the Melbourne Zoo on Tuesday 19<sup>th</sup> December. Students will have the opportunity to visit animal exhibits, explore the Zoo, attend keeper talks/feedings and participate in an exclusive experience to complement their inquiry into Life Cycles.

The **cost of the excursion will be \$30.00** per student. The permission form and payment needs to be returned to school by Thursday 14<sup>th</sup> December 2017. **No payments will be accepted after this date.**

Students need to arrive at school by **8:30am** on Tuesday 19<sup>th</sup> December to ensure a smooth start to our day. Students are to wear full school uniform and suitable footwear for walking. ALL students **MUST** bring a hat and if the weather looks like showers, a raincoat would be advisable.

Please **supply your child with morning tea, lunch, afternoon tea and a drink** packed separately in disposable bags with their name and class clearly marked. We ask that students are not to bring any money or valuable items on this excursion.

Thank you  
3/4 Teachers



**MOSSFIEL PRIMARY SCHOOL - Year 3/4 Zoo Excursion**

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_

I give permission for my child to participate in the excursion to Melbourne Zoo. I enclosed \$30.00

**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 on 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   

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

Signature..... Name on Credit Card .....