Year 5 and 6 Visiting Gordon Adventure Park

Dear Parent/Carer,

Throughout Term 4 students in Years 5 and 6 will be required to complete certain lessons at the Gordon Adventure Park. At various points throughout the term classes will visit the park to complete lessons in an outdoor environment.

Venue: Gordon Adventure Park
Date: Various times from Week 2 Term 4 to Week 10 Term 4
Transport: Walking
Cost: Free

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury, and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property that may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property of impulsive, wilful or disobedient behaviour.

Regards
Banksia Teaching Team

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Permission Note

My child ___________________________ of class ______________________ has my permission to walk to the Gordon Adventure Park at various times during the period of Week 2 Term 4 to Week 10 Term 4, to participate in activities relevant to their learning during Term 4. I understand that students will be under the supervision of classroom teachers.

Consent to Medical Attention: In the case of an emergency, I authorise the teachers, where it is impractical to communicate with me, to arrange for my child to receive such medical attention as may be deemed necessary. I also undertake to pay costs that may be incurred for medical attention, ambulance transport and medication while my child is on the excursion.

I understand my child will be under the supervision of the teachers, for the duration of the excursion. I authorise them to return my child home at the expense of the parents if they consider the circumstances warrants such action.

Please complete:
I have read the attached sheets regarding this excursion and understand the information it contains.

Emergency contact Details:

Name: ___________________________ Phone: ___________________________

Any known medical conditions that may affect your child on the excursion:

______________________________

Signed: ________________________ (Parent/Carer) Date: ______________________