

## YEAR 3 EXCURSION MURU MITTIGAR ROUSE HILL

EXCURSION: MURU MITTIGAR  
ABORIGINAL CULTURAL & EDUCATION CENTRE, ROUSE HILL

EXCURSION DATE:  
WEDNESDAY 27TH FEBRUARY, 2019

PERMISSION NOTE DUE BACK: FRIDAY 22ND FEBRUARY 2019  
NO PAYMENT REQUIRED THIS IS INCLUDED IN THE SCHOOL FEES

TRAVELLING BY: BUS LEAVING 9:00AM  
RETURNING 2:30PM

UNIFORM: SPORTS UNIFORM  
HAT REQUIRED / SUNSCREEN  
ROLL ON INSECT REPELLENT

STUDENTS NEED TO BE AT SCHOOL NO LATER THAN 8:30AM

**FOOD:** Children need to bring their recess and lunch in a separate plastic bag with their name clearly marked on it.

MRS CHERYL BROWN  
PRINCIPAL

MRS BALDACCHINO, MISS CIMILIO, MR PRICE  
YEAR 3 TEACHERS

### YEAR 3 EXCURSION - MURU MITTIGAR / PERMISSION SLIP

- ☐ I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend this excursion.
- ☐ I **do not** give permission for my child to participate in this excursion.

#### MEDICAL INFORMATION

Does your child have any medical condition which you feel that teachers need to know?

Please list any known allergies and the symptoms.

Does your child need to take medication whilst on this excursion? (Details needed by the teacher supervising your child)

#### EMERGENCY CONTACTS

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Relation: \_\_\_\_\_

In the event of an emergency I give the teachers of Bethany Catholic Primary School my permission to seek medical attention for my child. I understand that in such an event I will be notified as soon as possible.

#### WOULD YOU LIKE TO HELP?

- ☐ Yes, I would like to offer my assistance at this excursion. I completed the Child Protection Training required.  
*I understand I will be contacted only if help is needed.*

**Please note:** We can only take a limited number of parent helpers with us on the day.

**Child Protection Training** link is <http://childprotection.parra.catholic.edu.au/home>

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent / Guardian

Date