YEAR 3 EXCURSION – MURU MITTIGAR

**EXCURSION:** MURU MITTIGAR  
ABORIGINAL CULTURAL & EDUCATION CENTRE, CASTLEREAGH  
**EXCURSION DATE:** FRI, MARCH 20TH, 2015

**COORDINATING TEACHER/S:** MICHELLE WHITE, DANIELA HANSEN, YVONNE TERWEEME, MEL ELMER  
**COST:** $30.00

**MONEY AND NOTE DUE BACK NO LATER THAN:** THURSDAY, 12TH MARCH, 2015

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

**UNIFORM:** SPORTS UNIFORM  
HAT REQUIRED / SUNSCREEN  
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.

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**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. $________ enclosed

**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

Bethany Catholic Primary School
Phone: 4733 5299  Facsimile: 4733 5079