

Dear Parent / Guardian,

I am pleased to provide you with the following details regarding our upcoming excursion.

Excursion name: Joondalup Library Visit – Book Week Excursion
Class/Year groups attending: PP2
Excursion date: Monday 19 August 2024
Departure venue/time: Leave Dalmain PS at 10:40am and return by bus at 12:35pm
Travel details: *Bus supplied by City of Joondalup with seatbelts fitted*
Excursion cost: There is NO cost for this excursion
Activities: Compliment Book Week Learning and activities. Students will be offered meaningful and engaging activities with an author.

**Please complete, sign and return the section below to the school
by Thursday 15 August 2024**



PARENT/GUARDIAN/CARER EXCURSION CONSENT FORM

I consent to (your child's name): _____ of TA: _____
participating in the **City of Joondalup Book Week Excursion on Monday 19 August 2024.**

Student health considerations: If your child's medical condition has changed or your child has special needs, please provide full details and include any relevant medical details below:

Parent/Carer/Guardian consent: I give permission for my child to receive medical treatment in case of emergency. I am aware that the school and its employees are not responsible for personal injuries or property damage that may occur on an excursion, unless the school or its employees are proven to be negligent.

Emergency Contact Name: _____ **Mobile:** _____

Signature: _____ **Date:** _____