



## St Bernadette's Catholic Primary School

2 Willey St  
Sunshine North Vic 3020  
Ph: 039311 8872

E: principal@stbsunshinenth.catholic.edu.au  
ABN: 54 744 343 007

16th November 2020

### YEAR 6 GRADUATION EXCURSION

Dear Parents/Carers,

To celebrate your child's primary school journey and Year 6 success we will be going to Brimbank Park to participate in an Amazing Race and other activities to spend time together.

**DATE OF THE EXCURSION:** Friday the 11th of December 2020    **YEAR LEVEL:** 6  
**VENUE:** Brimbank Park  
**TRANSPORT:** Bus  
**DEPARTURE FROM SCHOOL:** 10.30am    **RETURN TO SCHOOL:** Approximately 1.30pm

#### STUDENTS WILL NEED TO:

- **WEAR:** comfortable casual clothes and closed in shoes
- **BRING:** a water bottle, snack and medic bag


*On this day we will provide a lunch of hot chips, and a choice of fish bites/chicken nuggets/potato cakes/dim sims (steamed/fried). We will also provide fruit and biscuits for an afternoon snack.*


*Please let your child's teacher know of any dietary requirements.*

#### ITINERARY:

Time	Venue	Planned Activity
9.15am	St Bernadette's Primary	Graduation Mass
10.30am	Brimbank Park - Car Park B	Arrive and eat snack
11.00am		Amazing Race Activity
12.00pm		Eat Lunch – provided by school
12:30pm		Awards and K.K. gift giving
12.45pm		Games and Clean Up
1.15pm		Depart
1.30pm	St Bernadette's Primary	Arrive at School

  
Mrs Joanne Webster  
Principal

  
Miss Shruti Lad  
Year 6 Teacher

  
Miss Rebecca Hunter  
Year 6 Teacher

1. **ALL students with asthma MUST bring their asthma pumps to all excursions.**
2. **Students with allergies MUST have appropriate & up to date medical plans submitted to the school, prior to excursions.**
3. **Please ensure ALL details are correct as without your permission your child cannot go to the excursion.**



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**RETURN THIS SECTION TO CLASS TEACHER BY Friday 4th December 2020**

### **2020 GRADUATION DAY EXCURSION**

#### **PARENTAL APPROVAL**

I give approval for my child \_\_\_\_\_ of Yr 6 to take part in the excursion to **Brimbank Park**.

\* Please note the following medical information related to my son/daughter taking part in this excursion: \_\_\_\_\_

PARENTS/GUARDIANS NAME \_\_\_\_\_

PARENTS/GUARDIANS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT TELEPHONE NUMBER ON THE DAY \_\_\_\_\_

#### **MEDICAL CONSENT FORM:**

Where I am unable to be contacted or it is otherwise impractical for me to be contacted, I authorise the teacher in charge of the excursion to:

- Consent to my child receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;
- Administer or consent to such first aid as the teacher in charge of the excursion may consider to be reasonable necessary in the event of any illness or accident.

I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for all expenses incurred in relation to such treatment and any emergency transportation required.

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

Signature: \_\_\_\_\_

#### **EMERGENCY CONTACT:**

1. \_\_\_\_\_ PHONE NO: \_\_\_\_\_

2. \_\_\_\_\_ PHONE NO: \_\_\_\_\_