Dear «StudentContactMailSalutation»

As part of the studies in Year 8, students will be attending an excursion to Cardinia Park Reserve. «StudentGiven1» will have the opportunity to participate in orienteering as a team building activity. The relevant details are as follows:

Date: Thursday 13 March 2014
Teacher in charge: Johnny Dimitracopoulos
Venue: Cardinia Park Reserve, Crystal Brock Picnic Area
Contact: 0447 466 297
Depart: 9.00am
Return: 3.00pm
Uniform: School Sport Uniform
Transport: Charter Bus
Requirements: Please bring a hat, water bottle, lunch and recess

Please sign the reply slip below and return to Mr Dimitracopoulos prior to the excursion.

«StudentGiven1» will not be permitted to attend this excursion unless the completed form is returned by Monday 10 March 2014.

Yours sincerely

Johnny Dimitracopoulos
Teacher In Charge

Victor Miles
Deputy Principal – Studies

Cardinia Park Reserve - PERMISSION SLIP – Please return to Mr Dimitracopoulos by Monday 10 March 2014

I give permission for «StudentGiven1» «StudentSurname» of «StudentForm» to attend the excursion to Cardinia Park Reserve on Thursday 13 March 2014.
Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorise the teacher in charge of the excursion or activity to:

- Consent to 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 reasonably 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 payment of all expenses incurred in relation to such treatment and any emergency transportation required.

I also accept that «StudentGiven1» may be returned home early from the excursion in the event of serious misbehaviour and that any costs associated with this will be met by me.

**Emergency Details:**

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>«StudentContactPhoneActual»</th>
<th>Contact Spouse Name:</th>
<th>«StudentContactSpouseNameExternal»</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>«StudentContactNameExternal»</td>
<td>Contact Spouse Mobile:</td>
<td>«StudentContactSpouseMobilePhone»</td>
</tr>
<tr>
<td>Contact Mobile:</td>
<td>«StudentContactMobilePhone»</td>
<td>Contact Spouse Occupation Phone:</td>
<td>«StudentContactSpouseOccupPhone»</td>
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<tr>
<td>Contact Occupation Phone:</td>
<td>«StudentContactOccupPhone»</td>
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</tbody>
</table>

Please list any specific medical conditions that should be noted: .................................................................Date: ...........................................

Name: ........................................................................Signature of Parent/Guardian: ...........................................