

13 Allambi Avenue Capel Sound, Victoria 3940 ABN: 30 538 709 194

Phone: **03 5986 4884** 

Email: eastbourne.ps@education.vic.gov.au

## **LOCAL EXCURSION FORM 2024**

Dear Families,

ocal excursions are an integral part of the curriculum offered to your child. These trips do not equire bus travel or bicycle travel and are restricted to our local area. Could you please compand return to the office.	
Regards,	
amie Sharp	
Acting Principal	
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LOCAL EXCURSION FORM 2024	
give permission for my child Year	
o participate in any local excursion arrange by Eastbourne Primary School.	
Where the teacher in charge of the activity is unable to contact me, or it is otherwise impraction contact me, I authorise the teacher in charge to:-	able
consent to my child receiving such medical, surgical or dental attention as may be deemed necessary by a medical practitioner;	
administer such first aid as the teacher in charge may judge to be reasonably necessary	
and I agree to meet any costs incurred including costs for ambulance service should it be required.	
iigned: Date:	
(Parent/Guardian)	
Emergency Telephone Contact:	
Name: Number:	
Maine Mainbei	













