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14<sup>th</sup> February 2019

**Year 4 & 5 Environment Week Briars Excursion**

To celebrate 2019 Environment Week, our students will be participating in a full day of activities including 2 hours exploring the Expo paddock and activities at the Sustainable Living Centre. In addition Year 4 students will be having a special Wetlands Warrior Program and Year 5 students a special Indigenous Cultural Program.

When: Thursday 28<sup>th</sup> March 2019  
 Where: The Briars, Mount Martha  
 Cost: \$16.00 (includes entry, environmental programs and bus)  
**Payment required by Friday 22<sup>nd</sup> March 2019.**  
 Transport: Bus to and from The Briars leaving at 8.50am and returning by 3.15pm  
 Snacks/ lunch: Students will need a drink, snack and a rubbish free packed lunch, a hat and a raincoat if rain is forecast.  
 Children need to bring a named ice-cream container (large if possible) for the Expo Paddock sample plants that they will bring home.  
 Valuables: Cameras and mobile phones with cameras in them are permitted, but at own risk.

Year Four & Five Teachers.

Stephen Wilkinson  
Principal



**BRIARS ENVIRONMENT WEEK EXCURSION**

I give permission for my child \_\_\_\_\_, Room No: \_\_\_\_\_ to attend the Briars Environment excursion, being held on Thursday 28th March 2018. I understand that my child will travel to and from Mount Martha by bus.

I have enclosed \$16.00 for this excursion

I wish to use my CSEF allowance for this excursion

**Payment required by Friday 22<sup>nd</sup> March 2019.**

Where the teacher in charge of the activity is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to

- Consent 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.

**Please indicate if your child is an asthmatic. My child is / is not an asthmatic. Please circle.**

If your child suffers with asthma or any other medical condition requiring medication, please ensure your child has their required medication with them on the day. **Epipen required on the day? Yes/No Please circle**

Signed.....

Date: / /

(Parent / Guardian)

Emergency contact number on the 28<sup>th</sup> March: \_\_\_\_\_

Name

Number