Date: Wednesday 13th, February, 2019

**Australian Botanical Gardens Permission Note**

<table>
<thead>
<tr>
<th>Students attending</th>
<th>Stage 3</th>
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| Dates and Accompanying Teachers | Thursday 21st February  
All Stage 3 Teachers |
| CPR Trained Teacher | All Teachers in attendance of excursion. |
| Excursion Venue | Australian Botanical Gardens  
Includes the following programs at the educational centre:  
Scientist for a Day (looking at plant life cycles)  
Thrive and Survive (plant adaptations) |
| Transport Information | Walking |
| Departure Time | Students will be required to walk to and from the venue leaving school at 9.15am |
| Return Time | Students should return to school by 2.30pm. |
| Cost and payment closing date | $14 per student. Cut-off date: **Wednesday 20th February**  
**NO LATE PAYMENTS WILL BE ACCEPTED AFTER THIS CLOSING DATE.** |
| Dress Code | Students to wear full sport school sports uniform and hat. |
| Students need to bring | Students will need to bring their own packed lunch, recess and drink. No canteen orders will be available from school on the day. Students will also need to wear a school hat. |

Please note: attendance on this excursion is dependent upon payment and permission notes being returned by the cut-off date, and students adhering to the school’s Code of Conduct. Once numbers have been confirmed with the venue and/or transport companies, no refunds will be issued.

Mrs E. Cocchietto       Mrs Annette O'Neill  
Organising Teacher                                                                          Principal

Please return this page to the office with payment as soon as possible.
I consent to _________________________ of class___________ participating in the
Gardens excursion to be held at Australian Botanical Gardens on Thursday 21st
February, 2019.

My son / daughter has the following special needs (please provide full details and
include any relevant medical details).

___________________________________________________________________________
___________________________________________________________________________

I understand that my child will receive medical treatment in the case of an emergency.

  o  I have enclosed $14 as full payment for the excursion
     Or
  o  I have made an online payment

  My receipt number is: _________________ Date: _________________

I understand that my child will be travelling to and from the gardens by foot.
Signed: ______________________________         Date: _________________

**Important Note:**

When a medical practitioner has prescribed medication (including emergency
medication) that will need to be administered during the excursion, parents are
responsible for:

  · Bringing this need to the attention of the school.
  · Ensuring that the information is updated if it changes.
  · Supplying the medication and any 'consumables' necessary for its administration in
    a timely way. The medication should be well within its expiry date.
  · Collaborating with the school in working out arrangements for the supply and
    administration of the prescribed medication for the duration of the excursion. For
    some excursions the school will ask you to supply the medication in a different way
    to what has been already agreed to by school.