Mount Terry Public School

Growing Strong Reaching Far



Kindergarten Zoo Excursion at Shoalhaven Zoo Friday 21/10/2022

Dear Parent or Guardian,

We are excited to inform you that Kindergarten will be participating in an excursion to the zoo. School activities such as this one are planned to enhance and support classroom studies. This activity: Kindergarten Zoo Excursion, will enhance work in the Key Learning Areas of science, literacy and creative arts.

The activity is: **Kindergarten Zoo Excursion** The activity is at: **Shoalhaven Zoo** The activity date: **Friday 21/10/2022** The group departs at: <u>8:30 am</u> from Mount Terry Public School The group should return by: 2:30 pm The group will return to: Mount Terry Public School Travel is by: Bus with seatbelts The cost of the activity: **\$35** (which will be added to your **Term 4 School Invoice**) Students who have not paid will not be permitted to attend this excursion

The activity will be supervised by: Miss Wright, Mrs Finney, Miss Grieg, Miss Nash and Mrs James. All teachers are trained in CPR and Emergency Care. Please return the form by Friday 23/9/2022

The students will need to bring the following for this activity:

- School uniform
- School hat
- Drink bottle
- Packed recess and lunch
- Small backpack

Please keep this page for your own reference and complete the details on the attached page and return it no later than 23/9/2022. Week 10, Term 3.

C Finney Organising Teacher

Mount Terry Public School

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CONSENT FORM FOR Kindergarten Excursion at Shoalhaven Zoo Friday 21/10/2022

Please read carefully and complete all details

I hereby consent to	of class
participating in the following activity.	

I understand the activity is a Kindergarten Zoo Excursion

The date for this activity will be 21/10/2022

I understand that travel will be on a bus with seatbelts

I understand that the bus will depart school at 8:30 am

I understand that the cost for this activity is: \$35 (which will be added to your Term 4 School Invoice)

I understand that in signing this permission form I commit to paying for this excursion in full through the Term 4 invoice.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

1. List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc). Outline the treatment for each.

	Not applicable
2.	Outline special dietary needs including possible reaction to certain foods. Not applicable

Signature of Parent of Guardian	Date