



S H R I N E O F R E M E M B R A N C E

M E L B O U R N E

3/4B & 3/4S

Shrine of Remembrance Excursion Notice & Medical Form

Excursion	<p>WHY, WHAT AND HOW DO WE COMMEMORATE THE PAST?</p> <p>This program introduces and welcomes young students to the Shrine of Remembrance as a place to remember significant historical events and honour military service. Students will learn when and why the Shrine was built and how it still has a role to play in society as an active memorial and museum today.</p> <p>This educational session takes in areas of the Shrine from WWI to current peacekeeping operations. It includes a short non-religious service of remembrance.</p> <p>The Shrine Education program and resources align with the Victorian Curriculum and Australian Curriculum frameworks.</p>
Venue	The Shrine of Remembrance
Date	Friday, November 24
Time	10.00am – 2.30pm approximately
Cost	Covered by incursion/excursion levy
Wear	School Uniform & School Sunsmart Hat
Bring	Students will need to bring their SNACK and LUNCH in SEPARATE BAGS (no glass please). Also a bottle of WATER .
Students will be travelling by bus (with seatbelts) to The Shrine of Remembrance and be supervised by Mount Waverley Heights Primary staff and parent helpers with a 'Working With Children Check'.	

Please complete the attached permission form and return it to school by **THURSDAY November 9, 2017**.

We're looking forward to a memorable excursion.

Andrew Brown & Hillary Sullivan
3/4 Teachers

Carolyn Datson
Assistant Principal

02/11/17



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SHRINE OF REMEMBRANCE
MELBOURNE

3/4 EXCURSION PERMISSION & MEDICAL FORM

PLEASE RETURN:

TITLE: WHY, WHAT AND HOW DO WE COMMEMORATE THE PAST?

Date: FRIDAY 24 NOVEMBER 2017

I give permission for my child to travel by bus to The Shrine of Remembrance on Friday 24th November. I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I understand that the Department of Education and Training (DET) does not provide student accident cover insurance.

Student's Full Name: _____ **Class:** _____ **Date of Birth** ___/___/___

PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

Fits of any type <input type="checkbox"/>	Blackouts <input type="checkbox"/>	Travel Sickness <input type="checkbox"/>	Dizziness <input type="checkbox"/>
Migraines <input type="checkbox"/>	Asthma <input type="checkbox"/>	Allergy (e.g. bee/wasp, nuts, Penicillin, other) <input type="checkbox"/>	
Allergic to: _____			
Other <input type="checkbox"/> please specify: _____			

NB: Please ensure the school has a current Asthma Management Plan or Allergy Management Plan. (If applicable)

Is your child currently taking any medications? Yes / No

If yes, please state the name of and dosage of medications: _____

Emergency name: _____ Emergency contact number on the day: _____

Emergency Contacts are people that Mount Waverley Heights Primary School may need to contact in an emergency. Please ensure that the people you have named are aware that they have been nominated as emergency contacts and agree to their details being provided to Mount Waverley Heights Primary School.

Parent's Name: _____ Signature: _____ Date: _____

This confidential form asks for personal information about your child. The main purpose for collecting this information is so that Mount Waverley Heights Primary School can allocate staff for supervision and it assists us to properly care for your child. The school depends on you to provide all relevant health information. Withholding some health information may put your child's health at risk. The school will use this information if your child is involved in a medical emergency. This medical form must be current when the excursion is run. Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Early Childhood Development is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to. All staff at Mount Waverley Heights Primary School and the Department of Education & Training (DET) are required by law to protect the information provided on this form. All information is held in confidence.