20 March 2013

Dear Parents/Caregivers,

At the commencement of Term Two all Year 4 classes will be attending a Bike and Safety informative excursion at the Ashmore PCYC. This excursion will be on the safety of bicycle riding.

The first of the excursions will be Y4F on the 17th April; Y4L 18th April; Y4U 19th April and Y4J 24th April. The cost for the excursion will be added to the term two school fees. Please return the permission slip by Wednesday 27 March 2013.

When: 17/18/19 and 24 April 2013
Time: Leaving at 8:45am Returning by 2:00pm
Travel: Return travel by bus
Teachers: Tony Sealey, Margaret Kelly, Chibi Gatwood and Merridee Lynes
What to wear: School Sports Uniform and School Hat
What to bring: Morning Tea and Lunch
Cost: $4.40 (This be added to the Term 2 school fees)

Yours sincerely,

[Signature]

Year 4 Teacher
JUBILEE PRIMARY SCHOOL

Year 4 Bike and Safety
PERMISSION AND MEDICAL FORM

As a Parent/Guardian of ______________ I, ______________________ give my consent for him/her to participate in Jubilee Primary School Year 4 excursion on 17/18/19 and 24 April, and travel by bus to all locations on the itinerary and to partake in all sporting activities associated with the trip.

I consent that teachers and instructors may take whatever action they deem necessary should an accident occur and agree to pay all medical expenses incurred on behalf of the student.

I submit the attached medical information about the above student and include details of his/her limitations.

I further authorise qualified practitioners to administer anaesthetic if such an event arises. I understand that in such circumstances teachers will attempt to contact the parent or guardian but will maintain the child’s well-being as first priority.

Signed: __________________________________________

Date: ___________________________

MEDICAL INFORMATION

Child’s Name ___________________________ DOB ________________

Emergency Contact: (please list parent/guardian and a second contact person)

1. Name ___________________________ Relationship ___________________________
   Phone ___________________________
   Address ___________________________

2. Name ___________________________ Relationship ___________________________
   Phone ___________________________
   Address ___________________________

Family Medicare No ___________________________