

Scarborough Primary School

An Independent Public School

Please keep this form

PARENT INFORMATION AND CONSENT FORM FOR WA BIRDS OF PREY INCURSION

Dear Parent/Caregiver,

I am pleased to provide you with the following details regarding our incursion:

Incursion at SPS:	WA Birds of Prey				
Location:	Library				
Students attending:	Years 4-5 (A2, A3)				
Date:	Wednesday, 4th September 2024				
Session Times:	2:00pm to 3:00pm				
Incursion leader:	Andrew Brunt				
Excursion cost:	\$7.00				
Supervising Adults: (Include staff member with first aid responsibility)	Andrew Brunt, Bev Martin				
Contact number during incursion:	9222 9200				

Educational purpose of incursion

This term during science lessons students have been studying plant and animal biology. They have been investigating the various ways in which animals survive through adapting to their habitats, and the tools and physical features that help them thrive.

Activities

Your child will be participating in the following activities.

- Holding live birds
- Observing bird behaviour
- Listening to a presenter about the importance of birds of prey, and how we can protect birds, their
 environment, and other general information about birds.

Incursion Leader signature:	
Principal signature:	Muantock

Please complete, sign and return the attached consent form to the school by Monday, 2nd September 2024

PARENT/CAREGIVER CONSENT FORM

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Child's name:					Room		Year			
Incursion at SPS:		WA Birds of Prey	WA Birds of Prey							
Student health cons	siderations									
If your child's medical conditions or details have changed, please contact the office to update their Student Health Care Summary. If your child has special needs that require additional assistance on this excursion, please note these below.										
Details										
Special considerations										
If the proposed excursion poses any health risks in addition to those identified in the Student Health Care Summary, please outline additional health risks below:										
Details										
Parent/carer/guardian consent										
I give permission for	my child to re	eceive medical treatment in	n case of em	ergency.						
I am aware that the school and its employees are not responsible for personal injuries or property damage that may occur on an excursion, unless the school or its employees are proven to be negligent.										
Emergency Contac	t Details									
Name			Name							
Mobile			Mobile							
Relationship			Relationship							
I consent to		(Your child's name)								
participating in the incursion		WA Birds of Prey		on	Wednesda	ay, 4 th Sept	ember 20)24		
Signed				Date						
The school is happy to assist families in need. Please contact MCS Mrs Robyn Smith at the Office before the due date on 9222 9200 or email robyn.smith@education.wa.edu.au to organise alternative payment arrangements.										
☐ Cash	Please place box before	e money and permission form in envelope and return it to the school office collection due date.								
☐ Direct Debit		ealth Bank BSB 066-040, Account Number 19 900 233, please use student name and er as reference.								
	Return peri	mission form to office school collection box before due date.								