

# Scarborough Primary School

An Independent Public School

### PARENT INFORMATION AND CONSENT FORM FOR PERTH ZOO VISIT

Dear Parent/Guardian

I am pleased to provide you with the following details regarding our excursion.

Excursion to:	Perth Zoo				
Class/Year groups attending:	Years 1 & 2 (B1, B2 and B3)				
Departure venue, date and	Monday 14 October 2024				
time:	Depart school 9:10 am				
Return time:	Return to school 2:45 pm				
Excursion leader:	Terez King				
Travel details:	Westcoast Bus Charters				
Excursion cost:	\$23.00				
Supervisory team:	Terez King				
	Kate Beardsley				
	Nicolle Addison				
	Education Assistant				
	9 Parent helpers required (3 per class)				
Contact arrangements during excursion:	Contact school 9222 9200				

#### Educational purpose of excursion

**Details:** This excursion will support student understandings relating to the Biological and Human Endeavour strands of the curriculum.

Some of the understanding's this excursion will support are:

- Features of living things
- Habitats of living things
- How the needs of living things are met in the zoo environment and how they are cared for
- · Livings things grow and change and have offspring.
- · Asking questions about living things

#### **Activities:**

Students will be led on an adventure through the Perth Zoo Asian Rainforest to investigate the basic needs of animals. Your children will become detectives and will use the information they collect to help the keeper work out which animal needs which lunch box, completing a worksheet and other activities.

## Special clothing or other items required:

Students are required to wear their school uniform and joggers (wet weather gear TBA). Students will take their normal packed school recess and lunch for the day.

Excursion Leader signature:	1. King
Principal signature:	Buantock.

Please complete, sign and return the attached consent form to the school by Friday 13 Sep 2024.

# FORM MUST BE RETURNED TO THE SCHOOL BEFORE FRIDAY 13 SEPTEMBER 2024 LATE FORMS WILL NOT BE ACCEPTED.

PARENT/GUARDIAN/CARER CONSENT FORM

Child's name:				Room:	Year:		
Excursion to:		Perth Zoo					
Student health consi	derations						
If your child's medical condition has changed or your child has special needs, please provide full details and include any relevant medical details on the attached Student Health Care Summary.  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: e.g. if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature.  Details -							
Parent/carer/guardian consent I give permission for my child to receive medical treatment in case of emergency. 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 Contacts							
Name			Name				
Daytime Contact			Daytime Contact				
Mobile			Mobile				
Relationship			Relationship				
I consent to		(Your child's na	me)				
participating in an excursion to		Perth Zoo					
on Monday		Monday 14 Octo	ber 2024				
Signed							
Date							
The school is happy to assist families in need. Please contact Robyn before the activity due date on 9222 9200 or robyn.smith@education.wa.edu.au to organise alternative payment arrangements.							
$\Box$ Cash Please return permission form and payment in an envelope.							
□ Direct Debit  Commonwealth Bank BSB 066-040, Account Number 19 900 233, please use student name and room number as reference when making payment and include receipt or reference number on this form.  I have paid EFT on receipt #							
Place folded permission form in the office school collection box before Friday 13 September 2024.							