Dear Parents and Caregivers,

As part of our literacy learning in Term Three, Year One have the wonderful opportunity to watch a live performance of Snugglepot and Cuddlepie by May Gibbs. In this exciting production, the Gunmat babies are on a mission to see a human. They meet friends and enemies along the way, including Mr Lizard, Mrs Snake, the Big Bad Banksia Men and of course Little Ragged Blossom.

**When:** Thursday, 16th July  
**Where:** Riverside Theatre, Parramatta  
**Cost:** $30.50 per child  
**Leaving School:** 8.30am sharp  
**Returning to School:** for 3.10pm dismissal as usual  
**Dress:** Full school uniform including a hat  
**Requirements:** Lunch – sandwich, fruit and drink  
Recess – fruit and drink  
All packed in their labelled school bag.

The children will need to be at school by 8.15 am as the bus will be leaving promptly at 8.30am in order to arrive at the theatre in time.
After the performance, we will walk beside the Parramatta River to enjoy a picnic lunch. We will then return to school in time for our normal 3:10pm dismissal.
Payment needs to be forwarded to the office with the completed permission note and medical note as soon as possible. All money needs to be received at the office by Friday, 12th June.  
**No late payments can be accepted!**

We hope that all our Year One children will be able to attend this excursion as it will be our only external excursion for the year and promises to be an excellent experience for all our children.
Looking forward to an enjoyable experience for all,

Year One Teachers

Mr Chad Harris  
Deputy Principal

I give permission for my son/daughter: Name________________________ Class: __________  
to attend the Year One excursion to Riverside Theatre by bus and to walk along and picnic beside the Parramatta River on Thursday, 16th July.
I have enclosed $30.50 and the completed medical form with this permission slip.
Medical information form

The information provided on ......................... by ......................... is being obtained for the purpose of a Medical Emergency whilst on an excursion to RIVERSIDE THEATRE, PARRAMATTA.

It will be used by the NSW Department of Education and Training for medical treatment. Other persons and/or agencies that will be provided with this information are Medical Officers for the purpose of medical treatment.
Provision of this information is required by law / voluntary. It will be stored securely.

<table>
<thead>
<tr>
<th>Student name: .........................</th>
<th>Class: .........................</th>
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Parent or caregiver contact details

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>Home phone:</td>
<td>Work:</td>
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Doctor contact details

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<tr>
<th>Name:</th>
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<tr>
<td>Address:</td>
<td></td>
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<td>Doctor's telephone:</td>
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</tbody>
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1. ......................... 2. .........................

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: ......................... Phone: .........................

2. Name: ......................... Phone: .........................

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

Outline special dietary needs including possible reaction to inappropriate diet

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

Signature: ......................... Date: .........................

Please return this form by: Friday 12th June 2015.