Dear Parents

CAMPBELL to CANBERRA
29 November – 5 December 2013

Our trip to Canberra is rapidly approaching, with the excitement building across the three classes.

Friday, 29 November 2013 is a professional development day for staff; therefore students will not be at school on this date. Students will need to meet at the Perth Domestic Airport inside the Qantas departure terminal. The checked baggage allowance for our trip is one piece of luggage not exceeding 23kg. Students are also encouraged to bring a small carry on bag with items they may need on the plane.

We will be staying at the Gold Creek Resort, O’Hanlon Place, Nicholls ACT, from November 29 to December 5 2013.

We will be travelling back to Perth on Thursday 6 December 2013 in two groups and students will need to be collected from the Perth Domestic Airport. Contact details for the designated adult will be required closer to our departure date.

<table>
<thead>
<tr>
<th>Friday 30 November</th>
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<tbody>
<tr>
<td>14.15</td>
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<td>15.35</td>
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<td>22.35</td>
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<thead>
<tr>
<th>Thursday 6 December (Group One)</th>
<th>Thursday 6 December (Group Two)</th>
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<tr>
<td>16.00</td>
<td>Arrive at Sydney Domestic Terminal 3</td>
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<tr>
<td>17.35</td>
<td>Depart Sydney Qantas flight QF571</td>
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<tr>
<td>19.35</td>
<td>Arrive Perth</td>
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<tr>
<td>18.00</td>
<td>Arrive at Sydney Domestic Terminal 3</td>
</tr>
<tr>
<td>19.30</td>
<td>Depart Sydney Qantas flight QF583</td>
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<tr>
<td>21.30</td>
<td>Arrive Perth</td>
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Could you please complete the attached medical and permission form and return it to your child’s class teacher no later than Friday 27 September 2013. Contact numbers in case of an emergency will be provided closer to our travel date.

Yours sincerely

Rebecca Coslani
Assistant Principal
MEDICAL INFORMATION AND CONSENT FOR CAMPBELL TO CANBERRA TRIP 2012

Please complete the following information relating to your child’s participation in this excursion. Tick if relevant:

**Allergies**  
☑️  Medication required  ☐

Allergy to: ____________________________________________

Medication name & dose:
________________________________________________________________________________________

**Asthma**  
☑️  Medication required  ☐

Medication name & dose:
________________________________________________________________________________________

**Other condition**  
☑️  Other medication required  ☐

Medication name & dose:
________________________________________________________________________________________

MEDICATION AND CLEAR INSTRUCTIONS MUST BE HANDED TO THE TEACHER PRIOR TO THE EXCURSION.

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**Permission Slip to Attend**

CAMPBELL to CANBERRA Trip  
29 November – 5 December 2013

I have read and understood the attached information regarding the trip to Canberra from 29 November to 5 December 2013  
I give my child ___________________________ LA ______ permission to travel by plane and bus on the trip.

Where it is not practical to communicate with me, I authorise the teacher in charge of the incursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware the Department of Education insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed………………………………………………... Date…………………………  
(Parent/Guardian)

Daytime Contact………………………………………………….Mobile…………………………….