Carlton Public School  
STAGE ONE - TERM 2, 2011  
EXCURSION/ACTIVITY CONSENT NOTE

Child’s Name .............................................................................................................. Class .................................

<table>
<thead>
<tr>
<th>ACTIVITY &amp; CLASS</th>
<th>Date &amp; Time:</th>
<th>To support learning in:</th>
<th>Travel arrangements:</th>
<th>Staff:</th>
<th>Consent PLEASE SIGN</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking in the local area eg. parks, library, shopping centre, Local Council, railway stations etc.</td>
<td>As required throughout the year</td>
<td>All key learning areas</td>
<td>Walking</td>
<td>Class teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal Performance</td>
<td>Wednesday, 15 June, 2011</td>
<td>Aboriginal Education</td>
<td>Nil</td>
<td>**Ms Wood</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Photographing or filming for publication within the Department of Education & Training and Carlton Public School’s newsletter, annual report, external publications, website and other associated promotional material.

I give permission for my child to participate in the above excursions and by ticking the column ‘M’, I agree that the school has up to date Medical Information regarding my child and has permission to seek medical assistance in the event of an emergency.

Parent’s Name ..............................................................................................................

Signature ...................................................................................................................... Date ..........................

NB: An information note providing additional details about the excursions will be sent home prior to the excursion date.

PLEASE RETURN THIS NOTE BY THURSDAY 12 MAY 2011