

## GRADE 2 SLEEPOVER NOTICE

Dear Parents,

Details of the forthcoming incursion are as follows:

**START DATE:** Friday 24<sup>th</sup> October 2014 @ 6:00 p.m. Please have dinner at home prior to the sleepover.

**FINISH DATE:** Saturday 25<sup>th</sup> October 2014 @ 8:00 a.m. sharp.

**VENUE:** Parkhill Primary School (Roger Beech Hall)

**PURPOSE:** To provide students with a "camp experience" in preparation for camp in Grade 3

**CLASSES ATTENDING:** 2M and 2S

**WHAT TO BRING:** Sleeping bag, pillow, sleepwear, change of clothes for Saturday morning, toothbrush/paste, medical requirements (if needed), and teddy (optional)

**COST:** \$5 per student to cover the cost of food and drinks for supper and breakfast.

**PLEASE NOTE:** That this cost is NOT included in the excursion levy or covered by EMA

**REQUIREMENTS:** Please return the permission slip below together with payment by no later than Wednesday 15<sup>th</sup> October 2014. **Unfortunately if permission form and payment is not received by the day before the sleepover, your child will not be able to attend.**

DESIREE SCHLACK  
EXCURSION COORDINATOR

ROD McKINLAY  
PRINCIPAL

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### INCURSION PERMISSION FORM

**NAME OF CHILD** \_\_\_\_\_ **GRADE** \_\_\_\_\_

I hereby give permission for my child to attend the Grade 2 Sleepover at Parkhill Primary School on Friday 24<sup>th</sup> October 2014 to Saturday 25<sup>th</sup> October 2014. In the event of illness or any injury to my child whilst on this sleepover, where it is impracticable to communicate with me, I authorise the teacher in charge of my child to consent to such emergency medical arrangements on my behalf as may be deemed necessary by a qualified medical practitioner.

**Parent Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ON THE DAY I MAY BE CONTACTED AT: PHONE No.** \_\_\_\_\_ **EMERGENCY No.** \_\_\_\_\_

(Please tick one)

**Enclosed is: \$5 Cash   NO BPAY**

If required, I am available to help out on this sleepover: *No* ☐ or *Yes* ☐ (Working with Children Check No:.....)