



Dear Parent/Guardian

**PARENT INFORMATION AND CONSENT FORM
FOR INTRA STATE SCHOOL EXCURSION**

I am pleased to provide you with the following details regarding our **'MONKEY SEE, MONKEY DO' PERTH ZOO EXCURSION**. This excursion has been planned to supplement the work being completed as part of your child's learning in Year 12 ATAR Psychology. If you give consent for your child to attend the excursion outlined below, please complete the permission slip attached and return it to the college with the appropriate payment. Failure to return the *Parent/Guardian Consent Form* by the due date may result in your child being excluded from this excursion.

'Monkey See, Monkey Do' – Perth Zoo				
Purpose of Excursion:	Engage with industry application of core Psychology syllabus points related to <i>Cognition (psychological concepts and processes associated with memory and their relationship to behaviour; theories and processes of learning; techniques for modifying behaviour)</i> .			
Venue:	Perth Zoo			
Travel will be by:	A bus will be taken to and from the venue.			
Itinerary	Depart JFSC:	9am	Arrive Venue	9.40pm
	Depart Venue:	1.10pm	Arrive JFSC	1.50pm
Date of Excursion	14 th March 2019			
Number of Students attending:	17			
Cost per Student	\$16.50			
Special Clothing or other Items required:	Water bottle Full school uniform Enclosed shoes Lunch			
Members of Supervisory Team:	Mr Luke Taaffe, Mrs Amanda Vale and Mr Sean Cappeau			
Staff Member with CPR and/or first aid training is:	Luke Taaffe			
Activities to be undertaken:	'Monkey See, Monkey Do' Education Experience – Assisted Visit at Perth Zoo			
Contact arrangements during the excursion:	Luke Taaffe – 0481 438 910 (school mobile phone)			

Yours sincerely

Luke Taaffe
TEACHER IN CHARGE


Melissa Gillett
PRINCIPAL

14th February 2019



CONSENT FORM FOR SCHOOL EXCURSION

ATPSY 2019

*(To be signed and returned to Mr Taaffe, Teacher-in-Charge, Science Learning Area,
by: Thursday 7th March 2019.)*

I confirm that the college has been notified of any medical conditions or illnesses that may affect my child.

I require a Student Health Care Summary form to update my child's medical conditions.

(Please contact the college on T: 9473 4013 if you require a Student Health Care Summary form).

If the proposed excursion poses any additional health risks to those identified in the *Student Health Care Summary*, eg 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. Please outline additional health risks below:

I have read and understood the information regarding the intra state excursion to and give my consent for

_____ to participate on the following dates at
<First Name> <Surname>

the following venues:

Perth Zoo on the 14th March 2019

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the college and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the college or its employees are proven to be negligent.

Signature of Parent/Guardian: _____

Date: _____