



August 19, 2019

Dear Parents,

As part of our whole school Performing Arts Curriculum Focus, all students from Foundation to Year Six will be attending an excursion to The Frankston Arts Centre, 27/37 Davey St, Frankston on Thursday September 19th. Students will participate in a whole school full dress and technical rehearsal. The whole school production of **'Madagascar: A Musical Adventure Jr.'** will follow the same evening commencing at 7 p.m. at The Frankston Arts Centre.

Students may also have stage make-up and/or hair product applied throughout the rehearsal and/or in addition to that applied by parents and carers at home prior to the performance.

Date: Thursday September 19th

Transport: Bus

Departure: All students are required to be at school at 8:30am as buses will depart at 8.45 a.m. sharp.

Return to school: Buses will return to school at approximately 3:00 p.m.

What to wear: Sports uniform with school socks and black school shoes.

What to bring: Play lunch, lunch, and a water bottle in one named disposable bag.

Please return the attached permission slip to your child's class teacher no later than Thursday September 12th. Thank-you.



EXCURSION CONSENT FORM- 'Madagascar: A Musical Adventure Jr.'

As parent/guardian of..... in Year _____

I give my consent for him/her to participate in the excursion to The Frankston Arts Centre, 27/37 Davey St, Frankston, on Thursday September 19th

I agree to delegate my authority to the teachers and assistants involved. Such persons may take whatever reasonable disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually in the above mentioned activity. I also authorise the teachers and their assistants to obtain medical assistance and ambulance transportation which they deem necessary should illness or an accident occur, and I agree to pay all medical and ambulance expenses incurred on behalf of the above student. I further authorise qualified medical practitioners to administer anaesthetics and blood transfusions if such an eventuality arises.

I acknowledge that a professional videographer has been engaged to record the performance of 'Madagascar Jr: A Musical Adventure' and will be available for purchase at a later date by those in the school community who wish to obtain a copy of the recording.

Medicare Card No: _____ Year of last Tetanus Injection: _____

Signed: _____ (parent/guardian)

Excursion Day Contact Telephone Number: _____
(in the event of an emergency)

My child suffers from the following medical condition/s:

My child requires an Epipen: Yes: ☐ No: ☐

My child requires Ventolin: Yes: ☐ No: ☐

☐ I agree for my child _____ (Child's name) to have stage make-up and/or hair product applied throughout the rehearsal and/or prior to or throughout the performance of 'Madagascar A Musical Adventure Jr.', in addition to that applied at home prior to the performance if deemed necessary.
He/she does not have any known allergies to cosmetic products.

**Please note: Staff will not follow up late notices on the day of the excursion.
A child cannot attend an excursion without a completed and signed permission form.**