

KAPINARA PRIMARY SCHOOL

Catesby Street, City Beach WA 6015
Ph: 9385 9022 Fax: 9385 7792
www.kapinaraps.wa.edu.au



*Kindness, Consideration
and Service for Others*

EXCURSION TO: Ern Halliday Recreation Camp

DATE: Friday 18 March 2022

TIME: 8.20am Returning: 4.30pm

VENUE: Ern Halliday Recreation Camp

TRANSPORT: Bus (with seatbelts) to and from the venue

REASON FOR EXCURSION: Year 6 Leadership Program – developing team work, dealing with challenge and focusing on personal strengths

YEAR GROUP ATTENDING: Year 6

SPECIAL REQUIREMENTS: Please wear school uniform and enclosed shoes and bring a hat, recess and lunch and water.

STAFF ATTENDING: David Watson and Kylie Lund (Responsible for First Aid)
(Both teachers hold Senior First Aid)

COST: \$71.00 per child - Payment and Permission to be completed prior to excursion.
Now available via Qkr. You do not need to return the form below if using Qkr.

Should you have any queries please do not hesitate to contact us on
kylie.lund@education.wa.edu.au or david.watson@education.wa.edu.au.

David Watson

Kylie Lund

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Please sign and return this portion of the permission slip

I have read and understood the information regarding the excursion to Ern Halliday Day Camp on Friday 18 March 2022 and verify the confidential details relating to my child's address, telephone number, and doctor, medical details, allergies and medication are unchanged from the information provided to the school. If you are uncertain that the information we have to date may not be current, please contact the school.

I consent to _____ Class _____

Participating in this excursion, and I understand that transport will be to venue by bus.

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

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

Parent signature: _____ Date _____