

## Leadership Event

Dear Parents/Caregivers,

In previous years the student leadership group have attended the GRIP Conference at the beginning of each year. As an alternative to the GRIP conference this year, we are focussing on building the strength of the leadership group as a team, alongside resilience by taking the students to 'Ultimate Roomscape'.

<http://www.ultroomscape.com.au/>

We will be traveling to Ultimate Roomscape on Wednesday 5 April 2017. *Ultimate Roomscape* is an interactive real life escape room experience. Players have 60 mins to solve a series of clues and puzzles in order to escape!

Students will travel by bus, departing school at **12:30 pm** and returning by **2:30 pm**. The cost of the bus and experience at Ultimate Roomscape is **\$45.00** per student.

Please see the permission slip regarding this event and associated costs.

Regards

Jenn Allsop  
Principal

15 March 2017



## Leadership Activity 5 April 2017

### MEDICAL INFORMATION AND CONSENT FOR EXCURSION

Please complete the following information *relating to your child's participation* in this excursion. Tick if relevant:

**Allergies**  Medication required

Allergy to: \_\_\_\_\_

Medication name & dose:  
\_\_\_\_\_

**Asthma**  Medication required

Medication name & dose:  
\_\_\_\_\_

**Other condition**  Other medication required

Medication name & dose:  
\_\_\_\_\_

MEDICATION AND CLEAR INSTRUCTIONS MUST BE HANDED TO THE TEACHER PRIOR TO THE EXCURSION.

### Permission Slip to Attend

I have read and understood the attached information regarding the Leadership Activity on Wednesday 5 April 2017. Please find enclosed **\$45.00** and I give my consent for my child \_\_\_\_\_, Room \_\_\_\_\_ to travel by bus to the excursion.

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

Signed .....  
(Parent/Guardian)

Date: .....

Daytime Contact .....

Mobile: .....

**Please enclose signed form in attached envelope and indicate method of payment.**

If Payment By Direct Debit PLEASE ensure that your child/children's name is in the description field.

Bank Details -

Commonwealth Bank  
Sutherland Dianella Primary School  
BSB: 066 040  
Account Number: 1990 3549