

Thursday, 31 August 2023

..... For the Fridge .....

## **INFORMATION FOR INCURSION – IMSS Junior Band Excursion**

Dear Parents and Caregivers,

As part of involvement in the IMSS program, we are holding a special rehearsal and performance at **CABLE BEACH Primary School** on **Monday, September 11, 2023**. Rehearsal will begin at 7:00 at CBPS and be followed by a performance to the whole of CBPS. At the conclusion of the performance, there will be a bus to return the students of BPS, RPS and BNPS to their schools by no later than 9:10 am.

**Please note students need to be dropped off at CABLE BEACH PRIMARY SCHOOL for our Monday morning rehearsal**

**Where:** Cable Beach Primary School – **Library**

**Date and Time:** Monday 11 September, 2023 6:50 am – 8:50 am

**Cost:** nil - There is no fee for this day

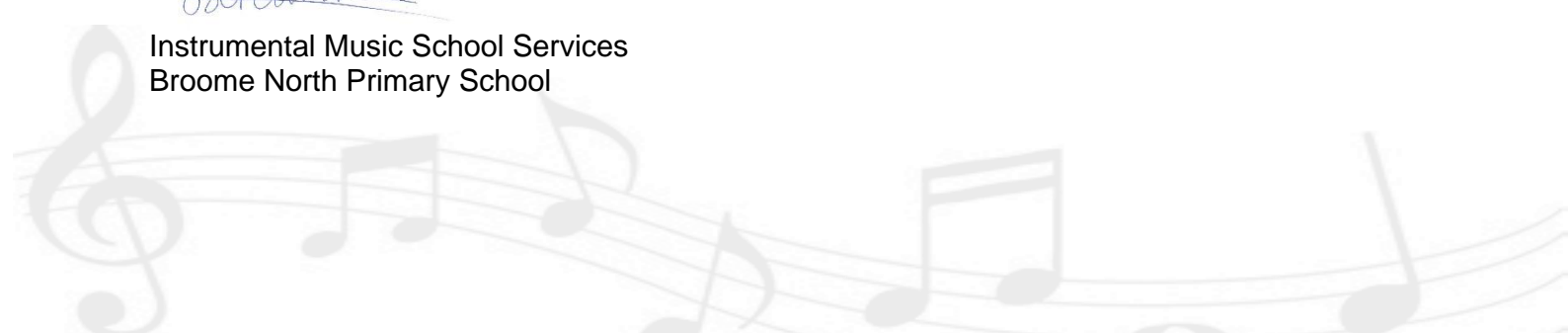
**What to wear/bring:** Instrument, Music Book, School uniform, enclosed shoes/sneakers, school bag packed ready for the school day, drink bottle.

**Student Wellbeing:** Staff accompanying students will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. In the event of an accident or illness, depending on severity, students will either be taken to hospital by a staff member or ambulance or returned to school. Parent or guardian contact will be made. Parents are required to inform the organisers well before the scheduled departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students. Parents need to be aware that their child's property is not covered for loss or damage.

**Please speak to Miss Trewartha if you have any queries for the morning.**

Kind regards,

Instrumental Music School Services  
Broome North Primary School





..... Return to School .....

**CONSENT FOR INCURSION – IMSS Junior Band Excursion**

Please complete, and return this section, by Thursday 7 September if you are happy for your child to attend.

**I have read and understood the information regarding the excursion to Cable Beach Primary school for the IMSS junior Band excursion.**

**I give permission for my child \_\_\_\_\_ to travel to and from the event by bus and to participate**

**Parent/Guardian's full name \_\_\_\_\_ Contact Number: \_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

**Medical details** (This information is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions). Is your child subject to asthma, seizures, fainting, epilepsy, allergies, diabetes or any other condition that may affect your child's safety that the school is not aware of? (Staff cannot take responsibility for medical conditions of which they are unaware.)

I am aware of the requirement to update my child's medical information and have contacted the school to advise of any changes. Yes  No  if not you may need to contact the school office.

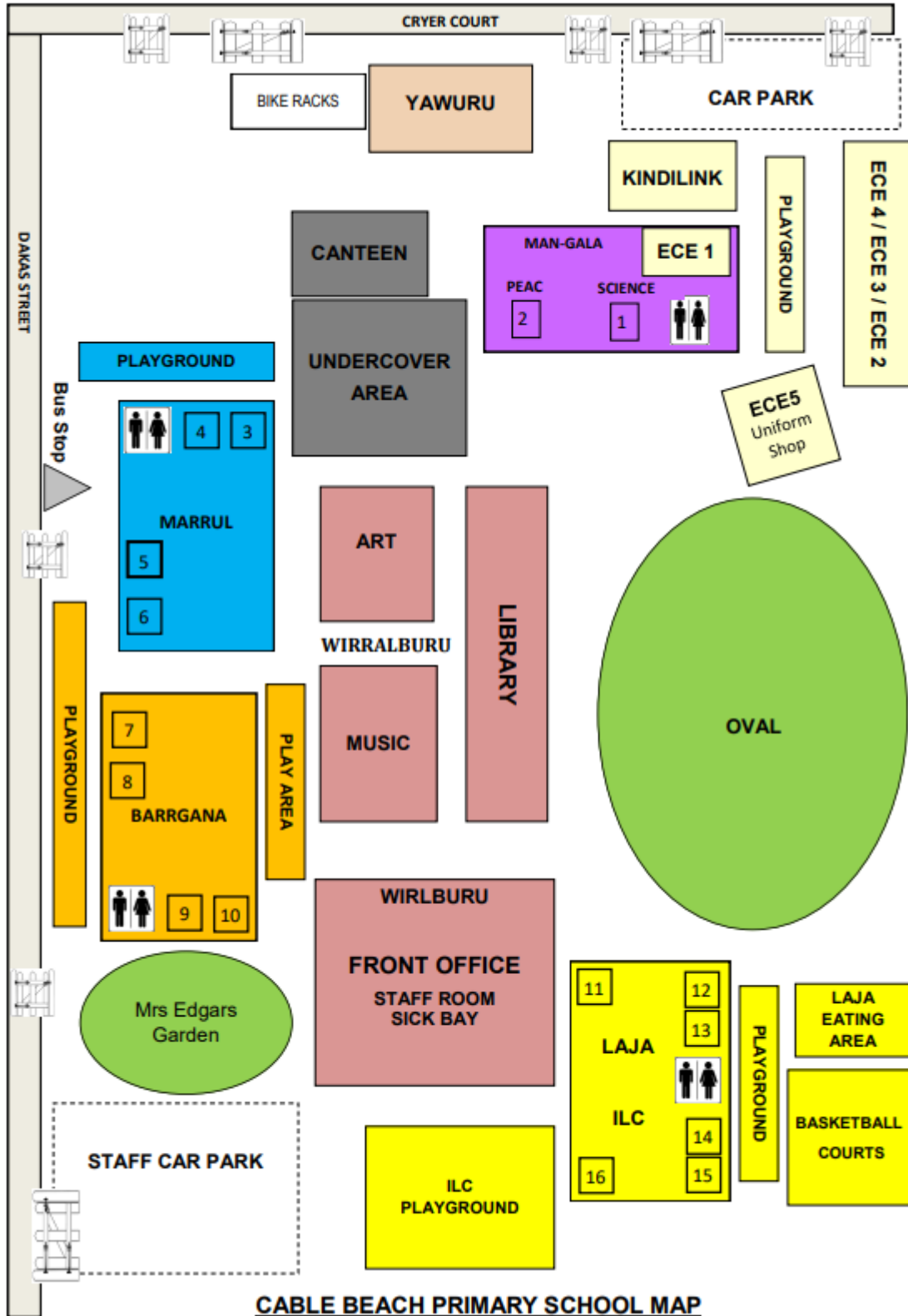
Where it is not practical to communicate with me, I authorise the teacher in charge of the event to arrange for my child to receive such medical treatment as may be considered necessary. I agree to inform the organisers prior to the excursion if there have been any changes to my child's health or medication. I am aware that the Department of Education WA insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

**Payment Options: Please choose a method of payment**

<b>No Cost:</b>		<input checked="" type="checkbox"/>
Cash or Cheque – enclosed envelope: \$ _____		<input type="checkbox"/>
Electronic Transfer: \$ _____	<b>To:</b> Broome North Primary School <b>BSB:</b> <b>Account:</b> <b>Ref:</b> Student Name/Activity <b>Date funds transferred:</b> ____/____/____	<input type="checkbox"/>
<b>Credit Card</b> -Please debit my <input type="checkbox"/> Master Card <input type="checkbox"/> Visa: \$ _____	Card No _____ Expiry Date: ____/____	<input type="checkbox"/>
Signature: _____ Name on Card: _____		<input type="checkbox"/>



Music program



**CABLE BEACH PRIMARY SCHOOL MAP**

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