For year 5 AVPS students, the Toronto High School Transition program will run on Tuesday 27th October from 9.30am to 2pm. Students will need to be transported privately to and from the school. I will meet the AVPS students at the front of the Multi Purpose Centre (Large hall at the front of the school) from 9 o’clock and students can be picked up from 2pm at the same meeting place. If your child is going to be picked up by a person other than their parent or legal guardian, can you please ensure that I am notified on the slip below. During this visit, students will participate in four different activities including: cooking, visual art, science and woodwork. The activities will run during periods 2, 3, 4, and 5 of the High School day and last for around 45 minutes each. There will be a 30 minute break between periods 3 and 4 for lunch (students are to supply their own lunch). A drink and an ice block will be provided by the High School.

On the day our students will be mixed and organised into four different groups with a mixture of 3 other primary schools. They will rotate through all of the activities in their allocated group. Each group will also have Primary School Teachers/SLSOs accompany them for the day to assist with supervision.

Ricki Metcalfe

Stage 3 teacher

(Please return note to Mr Metcalfe by Friday 23rd October)

My child _____________________ will be attending the Toronto High School transition day on October 27th.

My child will be picked up by ________________________ (name and relation to child) at 2pm from the Multi-Purpose Centre.

Signed __________________
### DAY TRIP MEDICAL FORM

Parent/Guardian should complete this form accurately as it will be taken on the excursion and will be the basis for contact or action in the event of emergency.

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>...............................................................</th>
<th>Class:</th>
<th>...........................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>........................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No:</td>
<td>........................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Another Contact:</td>
<td>(In the case of no parent/guardian at home.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>........................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>........................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>........................................................................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### MEDICAL

In the event of an emergency can a **Doctor** be consulted? **YES / NO**

**Ambulance** used? **YES / NO**

Does your child have any Medical Condition we should be aware of? **YES / NO**

(If yes, details please.)

-----------------------------------------------------------------------------------

Is your child allergic to any drugs or bites? **YES / NO**

(If yes, details please.)

-----------------------------------------------------------------------------------

Is your child taking any regular medication? **YES / NO**

(If so, please detail medicine and reason for administration.)

-----------------------------------------------------------------------------------

**NOTE:** Children taking regular medicine should hand same to a supervising teacher in a container clearly labelled with name and, if necessary, details for administration.

Supervising teacher will ensure medication is taken.

Date of child’s last tetanus injection: .........................

Medicare No: ......................................................................

Signed: __________________________(Parent/Guardian) Date: