22 March 2016

PARENT CONSENT FORM
HUNTINGTOWER YOUNG SCIENTIST CLUB

Dear Parents/Guardians

As part of the Huntingtower Science program, I would like to invite your child __________ to attend the Huntingtower Young Scientist initiative to be held every Tuesday afternoon, 3.45-4.30 in SM3.

During this time, students will have the opportunity to:

- Take part in fun experiments such as making Cartesian divers, fizz bombs, sparklers, hand cream etc.
- Watch a range of interesting videos and presentations.
- Connect with inventors, explorers and scientists from Australia and around the world.
- Complete the Advanced Crest Award allowing students to explore their passion for a particular area of interest.

I look forward to promoting this initiative at Huntingtower and am confident it will be a rich and rewarding experience for your child. The focus of each session will be directed by student interests. The aim is to provide a forum for students to stretch their minds and ask the questions they always wanted to know the answer to.

Please complete the permission slip below indicating your support for the program and your appreciation of the time commitments involved.

Kind Regards

Ms S Bishop

2016 HUNTINGTOWER YOUNG SCIENTIST CLUB
Please return this slip to Ms Bishop as soon as possible

I give permission for my son/daughter ____________________________ (Full name)

In an emergency I authorise the teacher in charge of the excursion to consent where it is impractical to communicate with me to the child receiving such Christian Science treatment, medical or surgical treatments, as may be deemed necessary, in line with your request on your student's Application for Enrolment form.

I am aware that my child will be dismissed from school at 4.30  Please circle: YES / NO

Does your child have a Medical Condition:  BOX NO  YES BOX (If YES Please explain over page)

Signature of Parent / Guardian: ____________________________ Date: ______________

Contact Name: ____________________________ Contact Numbers: ____________________________

Emergency Contact Name: ____________________________ Contact Numbers: ____________________________