



Curtin Primary School



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Year 5 Combined Band Tuesday 20 August (Week 5)

Dear parents/carers,

Curtin Primary School's Year 5 Band will attend a combined band rehearsal at Hughes Primary School.

When: Tuesday 20 August 2019

Time: Depart Curtin Primary School at 9:15am
Return Curtin Primary School at 12:45pm

Where: Hughes Primary School

Transport: Bus

Cost: Nil

Bring:

- ✓ Instrument and Music,
- ✓ Diary and pencil
- ✓ Recess and drink in a plastic bag labelled with their name hat

Wear: Full school uniform

Please return the attached permission note and medical information to the front office as soon as possible. Your child will not be able to attend without signed and returned medical information.

There will be a concert at 12pm in the Hughes school hall - Please come and listen

This is our first ever concert!.

Thank you

Tessa Mues

PERMISSION NOTE FOR EXCURSION

Please return permission note/medical information to the Front Office

I give permission for my child _____ of class _____ to participate in the **Year 5 Combined Band Practice at Hughes Primary on Tuesday 20 August (Week 5)**.

I authorise the teachers to take whatever action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, of individually in the abovementioned activity.

I authorise the teachers to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency. Ambulance transport is provided at no cost for the students in the ACT when it is needed while the student is involved in a school activity. Pre-existing medical conditions and any transport outside the ACT are not covered by this free service. Medical costs are covered under Medicare provisions which apply throughout Australia. As legal guardian I agree to meet medical costs associated with any emergency arrangements made by the teacher. I agree that my child will be under the authority of the school for the duration of the excursion, and that the teacher is authorised to return my child home at my expense if the teacher considers that circumstances warrant such action.

I agree to my child travelling by bus.

I have read the information regarding this excursion and understand what it contains.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Contact phone numbers: _____

MEDICAL INFORMATION FORM

This form is intended to assist the school in case of any medical emergency with the student. All information is held in confidence. Please print clearly.

Student's name Date of Birth Class.....

Parent's/guardian's full name

Address

Parents' emergency number on the day:

Other emergency contacts.....

The following information is the current medical requirements and/or other needs of my child relevant to this excursion.

.....
Consent to medical attention. In the case of an emergency, I authorise the school, where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and drugs while my child is on the camp/excursion/outdoor adventure activity.

Signed: _____ Parent/Guardian

Date: _____