



Curtin Primary School

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Year 2 Canberra Theatre Revolting Rhymes and Dirty Beasts

Dear Parents and Carers,

As part of our inquiry unit, 'Courage,' we have organised an excursion to the Canberra Theatre to watch *Revolting Rhymes and Dirty Beasts*, a live show adapted from the much-loved book written by Roald Dahl. To make this excursion even more exciting, students are not required to wear school uniform and we will be having a pizza lunch at school before attending the production. If your child has any dietary requirements, please indicate below.

Details of the excursion are as follows:

Date:	Friday 5 th July, 2019
Time:	Production starts at 12.30pm Bus leaves Curtin for Canberra Theatre at 11.45am and returns by 2.00pm
Destination:	The Playhouse, Canberra Theatre Civic Square, London Circuit, Canberra, ACT
Cost:	\$30.00 (includes bus, theatre ticket and pizza lunch/drink) <i>Payment is required prior to attendance at this excursion. If you are having difficulties meeting this deadline, please contact the school front office.</i>
Travel:	By bus
Clothing:	Neat casual, appropriate for theatre
Food arrangements:	If your child has any dietary requirements, please indicate below
Accompanying Teachers:	Tanya Devenish, Kelsey Corcoran, Wendy Lee, Zelda James

NOTES AND MONEY NEED TO BE RETURNED BY: Monday 1st July, 2019

The coordinating teacher is Tanya Devenish. Contact with the group can be made via **Curtin Primary Front Office 61422570**. Inappropriate behaviour will be treated as it is normally treated at school, (thinking time at a designated place or exclusion from an activity). Staff accompanying students on excursions 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.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. Parents should also be aware that no automatic insurance is provided by the ACT Government in respect of injuries to students, non-enrolled children or yourselves should an injury occur on an excursion. You may wish to consider taking out personal insurance cover for yourself and/or for students and non-enrolled children accompanying the excursion.

PERMISSION SLIP (to be returned to school)

Excursion to

- I have discussed with my child the need for sensible behaviour on this excursion.
- 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, or individually whilst on the excursion.
- I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. 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.
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that individual records of contributions are confidential.
- I understand it will be not possible to refund any money if my child withdraws from an excursion.

I hereby give permission for my child _____ of class _____ to attend the excursion to the Canberra Theatre on Friday 5 July, 2019. I give permission for my child to travel by bus departing school at 11.45am and returning at 2.30pm

Dietary Requirements and/or Food Allergies:

Payment Options:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Contact phone numbers: _____

PAYMENT IS CASH CHEQUE EFTPOS at Front Office

INTERNET TRANSFER Quickweb Code: 8027-000-00

BSB: 032 777 A/C NUMBER: 001199 (Reference: Student's surname and initial)

ACT Department of Education and Training (This form is taken on the excursion)

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

Emergency contact numbers:(business hours)(after hours)

Other emergency contact.....

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

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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