

12 June 2019

100 days of Kindy – Ladybird Play

Dear Kindergarten families,

On Wednesday 24 July Kindergarten will be celebrating 100 days of school. To celebrate this occasion, we have organised a collaborative and shared play experience at Ladybird Play.

Please return the below permission note to ensure your child's attendance.

Details of the excursion are as follows:

Date:	Wednesday 24 July 2019
Time:	11am-2.30pm
Destination:	Ladybird Play
Cost:	\$15
Travel:	Bus
Clothing:	School uniform
Food arrangements:	Lunch and drink bottle
Equipment:	School bag with lunch and drink bottle
Accompanying Teachers:	Cath Dray, Andrea Chew, Christina Refshauge, Maryanne Hayes, Lily Van der Weegen and Lindsay Kluckers.

NOTES AND MONEY NEED TO BE RETURNED BY: *Thursday 4 July, 2019*

The coordinating teacher is Cath Dray. The staff will be carrying a mobile phone to be used if needed for contact with the group, or for calling assistance in an emergency. The staff will also carry a first aid kit.

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)
Ladybird Play

- 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 (insert name) of class _____ to attend an excursion to the **100 days of Kindergarten at Ladybird Play on Wednesday 24 July 2019**. I give permission for my child to travel by bus departing at 11am and returning at 2:30pm.

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: 8020-000-00 ☐

Payment amount: \$ 15

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 (Category B)

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 Nos: after hours Business hours

Other emergency contacts.....

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