

Tidbinbilla Excursion Wednesday 28 August 2019

Dear Parents and Carers,

As part of our inquiry learning about *Adaptations*, Year 5 will be going on an excursion to Tidbinbilla on Wednesday 28 August 2019. We will be undertaking two ranger guided activities focusing on *Australian plants, animals and habitats and fire ecology*.

Details of the excursion are as follows:

Date:	Wednesday 28 August 2019
Time:	8.45am – 2.00pm
Destination:	Tidbinbilla Nature Reserve
Cost:	\$25.00 <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:	Bus departs Curtin Primary at 8.45am . The children will arrive back before the bell.
Clothing:	School uniform, including a SunSmart hat, jumper and appropriate enclosed shoes.
Food arrangements:	Children need their school bag with recess, lunch and water. There will not be an opportunity to purchase anything from canteen at Tidbinbilla.
Accompanying Teachers:	Kate North, Kirsty McCrabb and Louise Smith.

NOTES AND MONEY NEED TO BE RETURNED BY: Wednesday 21 August 2019.

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.

Kind regards,

Kate North, Louise Smith and Kirsty McCrabb

PERMISSION SLIP (to be returned to school)
Excursion to Tidbinbilla Nature Reserve

- 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 Tidbinbilla excursion at Tidbinbilla Nature Reserve on Wednesday the 28 August 2019 by bus.

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: 8037-000-00 ☐ Amount Paid: \$ 25.00

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