



Curtin Primary School

ABN 38 766 579 050
70 Theodore Street Curtin ACT 2605
Principal: Merryn O'Dea
Phone: 02 6205 5622
curtinps@ed.act.edu.au
www.curtinps.act.edu.au



Year 4 Green Shed Excursion Monday 9th September

In the next couple of weeks we will be beginning a new inquiry into sustainability. As part of this learning we will be exploring the different ways to reuse items. One way we will be doing this is through an upcycling project where we will turn an old object into something new and useful. We will be visiting the Green Shed to collect these items.

Details of the excursion are as follows:

Date:	Monday 9 th September
Time:	Departing: 11:30am Returning: 1:00pm
Destination:	The Green Shed, Mugga Lane, Hume
Cost:	\$5
Travel:	Coach
Clothing:	Sensible walking shoes, weather appropriate clothing
Food arrangements:	None. We will be eating recess before we leave and will return in time for lunch.
Accompanying Teachers and Staff:	Leslee Roberts, Katie Simone, Chelsea Columbus and LSA support staff

Parents are welcome to join us.

NOTES AND MONEY NEED TO BE RETURNED BY: Thursday 5th September

The coordinating teacher is Katie Simone. 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, (progressing from reflection time away from an activity, exclusion from an activity, executive staff and parents informed and appropriate action taken). 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 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)

Year 4 RISK Excursion to The Green Shed

- 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 an excursion to the green shed on the 9th September 2019. I give permission for my child to travel by bus departing at 11:30am and returning at 1:00pm.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Contact phone numbers: _____

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 hoursBusiness hours

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.

SignedParent/Guardian Date

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education, Youth and Family Services.

Payment Options:

PAYMENT IS CASH CHEQUE EFTPOS at Front Office

INTERNET TRANSFER QuickWeb Code 8039-000-00

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