



## Excursion Title

Dear Parents and Carers

The following details relate to an excursion to \_\_\_\_\_, which is being organised for \_\_\_\_\_ (class group). (OUTLINE PROGRAM, PURPOSE OF EXCURSION, AND LINKS TO THE CURRICULUM).

**Date:**

**Time (departing and returning):**

**Place:**

**Travel:**

**Cost:**

**What to bring:**

**Number of students attending:**

**Number of staff attending:**

**Student/staff ratio:**

**Staff accompanying students:**

**Parents accompanying students:**

We will require extra parent help on the day. Unfortunately, we are unable to take siblings. See your preschool teacher/assistant if you are able to help out.

*Where there is a cost incurred, it is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. These contributions are voluntary for participation to occur. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for students whose parents/carers are unable to make the requested contribution. For more information please contact the Business Manager Denise Gilbert on 6142 2600. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed.*

*Staff accompanying students on excursions will take all reasonable care while supervising students to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff are not responsible for injuries or damage to property which may occur on an excursion where in all circumstances staff have not been negligent. Parent should warn children of the risk to themselves, to others and to property resulting from impulsive, wilful or disobedient behaviour.*

*In the case of an emergency, I am aware that the school/teacher in charge/first aid officer may:*

- a) arrange transport of the student by ambulance*
- b) seek medical attention for the student at the nearest or most convenient medical facility*
- c) administer a bronchodilator inhaler to the student in an asthma attack, and*
- d) advise the emergency contact held by the school.*

*I understand that neither the school nor the ACT Education Directorate accepts responsibility for costs incurred on my behalf in securing medical treatment and associated services for my mentioned son/daughter/ward. I am aware that I am responsible for the ambulance costs outside the ACT. Please be aware if students withdraw from the excursion they may only be able to be refunded for activity specific costs. The bus component of this excursion will not be refunded if you do not attend*

**A risk assessment has been conducted for this excursion.**



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*The Directorate is subject to the Commonwealth Privacy Act 1988. The Privacy Act requires that we comply with the Information Privacy Principles (IPPs), which are set out in the Act, and which govern the collection, use, storage and disclosure of personal information. Both photographs and names may be personal information, within the meaning of the Privacy Act.*

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in (NAME OR PLACE OF EXCURSION) on (DATE OF EXCURSION).

Amount Enclosed \$ \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

- I agree to my child travelling by bus (DELETE IF NOT APPLICABLE)
- I agree to my child travelling by private car driven by a staff member or parent (DELETE IF NOT APPLICABLE)
- I authorise for the teacher in charge to make arrangements for the welfare of my child, including medical or surgical treatment, in an emergency
- I agree to meet the costs associated with any emergency arrangements made by the teacher in charge (free ambulance transportation only applies in the ACT)
- I agree that my child is under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return my child to school or home (whichever is applicable) if the circumstances warrant such action
- I have read the attached information about this excursion and understand what it contains.

Full name of parent: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Transport (DELETE IF NOT APPLICABLE)

I can/cannot assist with transport

Car registration: \_\_\_\_\_ Driver's licence number: \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

Number of seatbelts: \_\_\_\_\_