



Incursion Title

Dear Parents and Carers

The following details relate to the _____ incursion, which is being organised for _____ (class group). (OUTLINE PROGRAM, PURPOSE OF INCURSION, AND LINKS TO THE CURRICULUM).

Date:

Time:

Cost:

What to bring:

Number of students attending:

Number of staff attending:

Student/staff ratio:

Staff attending incursion:

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 incursion. 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 incursion, regrettably we may not be able to proceed.

Staff accompanying students at incursions 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 incursion where in all circumstances staff have not been negligent. Parents 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 incursion 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***

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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 OF INCURSION) on (DATE OF INCURSION).

Amount Enclosed \$ _____

Parent/Guardian's Name _____

- 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 have read the attached information about this incursion and understand what it contains.

Full name of parent: _____

Signature of parent: _____

Date: _____ Contact phone number: _____