

Excursion/Activity Information

Dear Parents/Carers

The information below is regarding an excursion/activity.

Name of Excursion/Activity	Year 6 Careers Expo
Purpose	By the end of primary school, children will have developed their self-image; considered what skills, knowledge and strengths they have; and developing a range of life skills to assist them enter the work place.
Classes/Year Groups Participating	Year 6
Date	Thursday the 18 th of August 2022
Location	Exhibition Park In Canberra (EPIC)
Time of Departure from School	12pm
Time of Arrival back at School	2:45 PM
Transport	Bus
Activities	The focus of this day is expanding children's horizons and encouraging them to find out about as many careers as they can.
Financial Contribution	\$10
Due Date	Wednesday the 17 th of August 2022
Teacher in Charge	David Ferguson
Supervising staff	Gerard, Bec, Emma

The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

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.

Merryn O'Dea

Principal

Permission and Payment Note

Name of Excursion/Activity: Year 6 Careers Expo

Cost: \$12

I give permission for my child _____ in class _____ to attend the Lyneham Primary School excursion to Exhibition Park In Canberra on **18th of August 2022** travelling by **bus** and other details as outlined in the Excursion/Activity Information.

I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this 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 associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

The Medical Information and consent form only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Are there any changes to this form?

Yes No If yes, an updated Medical Information and Consent Form is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?

Yes No If yes, please complete a Medication Authorisation and Administration Record (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes No If yes, please provide these details _____

Name of Parent/Carer: _____

Signature of Parent/Carer: _____ **Date:** _____

Please tick payment method

Quickweb Payment made on _____ (date) - Please use the CAREERS as your reference.

Cash

Direct Deposit made on _____ (date) to: Lyneham Primary School
BSB: 032 777 Account number: 001543
Please use CAREERS and name of your child as your reference.

Credit Card – Payment can be made in person at the front office or complete the slip below

Year 6 Careers Expo 18th August 2022

Student Name: _____ Class: _____

Name of Cardholder: _____ Card Type: Visa Mastercard

Card Number _____ Expiry: _____ Amount: \$ _____

Cardholder Signature: _____ Date: _____