

Excursion/Activity Information

Dear Parents/Carers

The information below is regarding an excursion/activity.

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|---------------------------------------|---|
| Name of Excursion/Activity | 3/4 Tennis Clinics |
| Purpose | Physical Education Lessons |
| Year Groups Participating | All year 3/4 classes |
| Date(s): | 18 th October - 17 th November Weeks 2 – 4: Tuesdays and Thursdays Weeks 5 – 6: Mondays and Thursdays |
| Location | ACT Tennis Centre, Lyneham |
| Time of Departure from School | Classes will be leaving the school at one of three departure times: Group 1: 9:25am Group 2: 11:45am Group 3: 12:30pm |
| Time of Arrival back at School | Classes will be returning to school at one of three return times: Group 1: 10:45am Group 2: 1:00pm Group 3: 1:45pm |
| Transport | Walking (weather permitting) |
| Activities | Students attending Tennis clinics at the ACT Tennis centre in Lyneham. |
| Financial Contribution | There is no financial contribution associated with this activity |
| Due Date | Monday 17 th October 2022 |
| Teacher in Charge | Elise Sutherland |
| Supervising staff | 3/4 Teaching Team |

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: **3/4 Tennis Clinics**

Cost: **Nil**

I give permission for my child _____ in class _____ to attend the Lyneham Primary School excursion to **ACT Tennis Centre in Lyneham on various days throughout October and November 2022** and will be **walking** all other details are 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: _____