

Excursion/Activity Information

Dear Parents/Carers

The information below is regarding an excursion/activity.

Name of Excursion/Activity	Zone Bowling
Purpose	To celebrate the end of the year
Classes/Year Groups Participating	Year 5 and 6
Date	Monday 12 th December
Location	Zone Bowling Belconnen and John Knight Park Belconnen
Time of Departure from School	10:15am
Time of Arrival back at School	1:15pm
Transport	Bus
Activities	Bowling and picnic
Financial Contribution	\$22
Due Date	Monday 7 th December
Teacher in Charge	David Ferguson
Supervising staff	Bec Lenehan, Kylie Sheehan, Dave McGibbon, Gerard Clementine, Emma Harriden, David Meyer and David Ferguson
Additional Information	After bowling students will walk to John Knight Park where they will have a picnic lunch. Please pack drink bottle, lunch and a hat.

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: Zone Bowling

Cost: \$22

I give permission for my child _____ in class _____ to attend the Lyneham Primary School excursion to **Zone Bowling Belconnen and John Knight Park** on **Monday 12th December 2022** travelling by bus and other details as outlined in the Excursion/Activity Information.

Name of Parent/Carer: _____

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

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 _____

Please tick payment method

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

Cash

Direct Deposit made on _____ (date) to: Lyneham Primary School
BSB: 032 777 Account number: 001543

Please use the name of your child as your reference.

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

Zone Bowling and John Knight Park

Student Name: _____ Class: _____

Name of Cardholder: _____ Card Type: Visa Mastercard

Card Number _____ Expiry: _____ Amount: \$ _____

Cardholder Signature: _____ Date: _____