

Excursion/Activity Information

Dear Parents/Carers

The information below is regarding an excursion/activity.

Name of Excursion/Activity	National Botanic Gardens
Classes/Year Groups Participating	Year 1/2
Date	Wednesday 14th September 2022
Location	Australian National Botanic Gardens
Time of Departure from School	9:15am
Time of Arrival back at School	2:45pm
Transport	Bus
Financial Contribution	\$15
Due Date	7 th September 2022
Supervising staff	Ange Bonner, Emma Smith, Kristine Koerper, Kacey Sturt, Jo Kim, Meg Everard and Elspeth Windeyer
What to Bring	Please bring a hat, drink bottle a fruit snack and lunch all in a lightweight backpack. All items must be clearly labelled.
Additional Information	Parent volunteers needed. If you can help please fill out the section on the permission page

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 1/2 National Botanic Gardens**

Cost: **\$15**

I give permission for my child _____ in class _____ to attend the Lyneham Primary School excursion to **National Botanic Gardens on 14th September 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 _____

I am able to volunteer on the day: Yes No Phone Number: _____

Name of Parent/Carer: _____

Signature of Parent/Carer: _____ Date: _____

Please tick payment method:

Quickweb Payment made on _____ (date) - Please use **BOTANIC** as your reference.

Cash

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

Please use **BOTANIC** 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 1/2 National Botanic Gardens

Student Name: _____ Class: _____

Name of Cardholder: _____ Card Type: Visa Mastercard

Card Number _____ Expiry: _____ Amount: \$ _____

Cardholder Signature: _____ Date: _____