

## Excursion/Activity Information

Dear Parents/Carers

The information below is regarding an excursion/activity.

<b>Name of Excursion/Activity</b>	Floriade 5/6 Band Performance
<b>Purpose</b>	Participating in school band performances at Floriade
<b>Classes/Year Groups Participating</b>	5/6 Band
<b>Date</b>	23 <sup>rd</sup> September
<b>Location</b>	Stage 88 Commonwealth Park
<b>Time of Departure from School</b>	9:15am
<b>Time of Arrival back at School</b>	1pm
<b>Transport</b>	Bus
<b>Activities</b>	Performing a 40 minute combined band performance
<b>Financial Contribution</b>	Nil
<b>Due Date</b>	Thursday 1 <sup>st</sup> September 2022
<b>Teacher in Charge</b>	Rob Venables
<b>Additional Information</b>	The performance is at 10am.

*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 5/6 Band Floriade**

**Cost: NIL**

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the Lyneham Primary School excursion to **Floriade, Commonwealth Park on 23<sup>rd</sup> 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 \_\_\_\_\_

Name of Parent/Carer: \_\_\_\_\_

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

*Please tick payment method*

**Quickweb Payment** made on \_\_\_\_\_ (date) - Please use FLORIADE as your reference.

**Cash**

**Direct Deposit** made on \_\_\_\_\_ (date) to: Lyneham Primary School  
BSB: 032 777 Account number: 001543  
Please use FLORIADE 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 5/6 Band Floriade

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Card Type:  Visa  Mastercard

Card Number \_\_\_\_\_ Expiry: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_