

Lyneham Primary School

Preschool to Year 6 Phone: 6142 1720 info@lynehamps.act.edu.au www.lynehamps.act.edu.au Principal: Merryn O'Dea



Excursion Information for Parents

Dear Parents and Carers,

The following details relate to an educational excursion to Giralang Primary which is being organised for the Year 5 Band.

Dates/time: Tuesday 6th June 2023 9:15am-12pm

Purpose of excursion: For combined band practice with Giralang Primary band.

Clothing and Equipment: Instrument

Transport: Bus

Group Size: 21 Students

Trip Leader: Rob Venables

Cost: Nil

Notes to Lyneham Primary front office by: Friday 2nd June

Excursion Risk Assessment: Available at the front office

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.

In the case of travel by private car, include where appropriate:

It is the responsibility of the driver to ensure that he/she carries the required driver's licence, that the vehicle is registered and insured, is roadworthy, and the number of passengers does not exceed the seat belt provision of the vehicle.

Kind Regards,

Merryn O'Dea

31st May 2023

Excursion Permission Note for Parents

I give permission for my child excursion to Giralang Primary on Tuesday 6 th June 2023 travell Information for Parents (including contingency plans).		
I agree to my child participating in the activities associated with this the need for expected behaviour on this excursion. I authorise the so (including medical or surgical treatment) in an emergency and I agre all medical information relevant to my child attending this excursion.	chool to make a	rrangements for the welfare of my child
I agree that my child will be under the authority of the school for the return my child to school or home at my expense if the school consid for my child to travel by private car, driven by a staff member or pare	ders that circum	stances warrant such action. I give permission
The <i>Medical Information and consent form</i> only needs to be on there are changes to the details on this form. Are there any ch		
Yes No Higher No Higher No Higher Structure No	ne excursion (e.g. allergy medication, pain relief)?

Please provide the following information:

Medicare No:		Private Health Fund:		Membership No	
Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.					

Name of Parent/Carer: (please print) ______

Signature: _____Date: _____Date: _____