

Year 1 Excursion to Australian National Botanic Garden – Habitat Hunter

24 September 2019

Dear Parents/Carers,

The following details relate to an educational excursion to the Australian National Botanic Gardens which is being organised for year 1 students. The excursion is designed to align with our Science topic, *Living and Non-Living things: Habitats*. Students will be taken on a guided tour by a park ranger and investigate what different animals need from their environment and what makes a successful home.

Details of the excursion are as follows:

Date:	Tuesday 5 November 2019
Time:	9:15 am – 2:30 pm
Destination:	Australian National Botanic Gardens
Cost:	\$12.50
Travel:	Bus
Clothing:	School Uniform
Lunch arrangements:	Students are to bring a labelled bag with a packed recess and lunch. No lunch orders will be available.
Equipment:	Drink bottle, recess and lunch in a labelled bag, sun smart hat
Teachers:	Raina Jose, Nichole Edwards, Rochelle Mandelson, Matt Olsen and Sheridan Mcleod
Teacher to student ratio:	1:16
Maximum number of students attending	89

**NOTE /MONEY NEEDS TO BE RETURNED BY: Friday 25 October 2019.
Permission notes cannot be accepted after this date.**

As this is an optional activity to enrich curriculum outcomes, a payment will be required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide this activity. Individual records of contributions are confidential.

The co-coordinating teacher is **Raina Jose**. The staff will be carrying a mobile phone to be used if needed for contact with the group, or for calling assistance in an emergency. The staff will also carry a First Aid Kit.

Unacceptable behaviour will be treated as it is normally treated at school. 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, willful or disobedient behaviour. Parents should also be aware that no automatic insurance is provided by the ACT Government in respect of injuries to students, non-enrolled children or yourselves should an injury occur on an excursion. You may wish to consider taking out personal insurance cover for yourself and/or for students and non-enrolled children accompanying the excursion.

PERMISSION SLIP – EXCURSION TO Australian National Botanic Gardens

- I have discussed with my child the need for sensible 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 costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. Free ambulance transportation only applies in the ACT.
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that individual records of contributions are confidential.

I Parent/Carer _____ hereby give permission for my child (name) _____ of Class _____ to attend the excursion to *Australian National Botanic Gardens* travelling by *bus*.

Signed _____ Date _____

I enclose \$..... Cash EFTPOS Quickweb (Visa/Mastercard) Direct Deposit

Quick Web Payments – www.ngunnawalps.act.edu.au/payment

Fee Code: BG19

Direct Payment details:

Account - Ngunnawal Primary School **BSB** 032777 **A/c Number** 001738

Reference on direct deposit required i.e. **child's name** M. Bloggs *Class 1CD*

Please tick if your child suffers any of the following:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies (specify) | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Reaction to drugs |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sunscreen sensitivity |
| <input type="checkbox"/> Other _____ | | | |

* *Emergency treatment plan is required from your doctor.*

Have you previously completed the full version of the **Excursion Medical Information and Consent Form** for your child during this calendar year? _____

If your child's medical information has changed please update this with the front office prior to the excursion.

In case of an emergency during the excursion:

Contact name: _____

Daytime contact phone number: _____

Full name of parent/ carer (please print): _____

Signature of parent/ carer: _____ DATE: _____