

Excursion to Floriade 2017

Year 5 Band and Year 6 Band

Thursday 7 September 2017

Dear Parents/Carers,

The following details relate to an educational excursion to Floriade, which is being organised for the Year 5 and Year 6 Bands. Students will be performing at Stage 88 and will have the opportunity to enjoy the attractions of Floriade.

Year 5 band will be performing at 11:20 and **Year 6 band** at 11:50

Details of the excursion are as follows:

Date:	Wednesday 11 October, 2017
Time:	9:15am – 2:30pm
Destination:	Floriade, Stage 88, Commonwealth Park
Cost:	No cost
Travel:	Bus
Clothing:	School uniform and a hat
Lunch arrangements:	Students need to pack recess, fruit break, lunch and a water bottle. They will be eating lunch and recess at the venue.
Equipment:	Instrument and music
Teachers:	Anna Porter & Jason Proud

Notes to be returned by Friday 22 September 2017

The co-coordinating teachers are **Anna Porter & Jason Proud**. 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, (thinking table at a designated place or exclusion from an activity). 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 – Floriade
Wednesday 11 October 2017**

- 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 hereby give permission for my child _____ of class _____ to attend the excursion to **Floriade** leaving Ngunnawal Primary School at **9:15am** and to return by **2:30pm** on Wednesday 11 October 2017 travelling by bus.

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: _____