

Excursion to National Zoo and Aquarium

12 October 2017

Dear Parents/Carers,

The following details relate to an educational excursion to the National Zoo and Aquarium which is being organised for preschool beginning of the week students. Throughout the year children have expressed wonder and interest about animals and their habitats. The National Zoo and Aquarium is a great way to make connections between experiences and concepts while transferring knowledge from one setting to another.

Details of the excursion are as follows:

Date:	Thursday 9 November
Time:	Departing at 9.30am and arriving back at 2.00pm
Destination:	National Zoo and Aquarium
Cost:	\$20
Travel:	Bus
Clothing:	School uniform and Sunsmart hat
Lunch arrangements:	Students will bring a drink bottle and their own morning tea, fruit break and lunch, in a labeled plastic bag. Students will NOT be taking their school bags on the excursion.
Equipment:	Nil
Teachers:	Emma Boyle, Kerry Price, Debbie Gilbert, Janice Schroder, Caroline Evans, Sharon Genero, Lyndy Parker, Stacey Naden

NOTE /MONEY NEEDS TO BE RETURNED BY: Friday 3 November. No late notes can be accepted due to booking requirements.

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 Emma Boyle. 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 – EXCURSION TO NATIONAL ZOO AND AQUARIUM
Thursday 9 November 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 the **National Zoo and Aquarium** leaving Ngunnawal Primary School at **9.30am** and to return by **2.00pm** travelling by bus.

I enclose \$..... Cash Cheque Quickweb (Visa/Mastercard) Direct Payment

Quick Web Payments – www.ngunnawalps.act.edu.au/payment
Fee Code: **PREZOO**

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: _____