

Year 5 and 6 Band Performance – Floriade

3 September 2019

To Parents and Carers,

The Year 5 and Year 6 Ngunnawal primary school bands will be performing at Floriade on **Friday 20 September 2019**.

We will be combining with the brass bands from Gold Creek School (Primary) for this performance. Our performance time on Stage 88 is 11:45-12:30pm. Students will not be visiting exhibitions on this day.

Travel	Bus Leaving NPS at 10am Returning approx. 1:30pm
What to wear	Students must wear school uniform as we are representing our school at this event.
What to take	Musical instruments, music books, lunch, water and hat
Cost	Nil

NOTE NEEDS TO BE RETURNED BY: Friday 13 September 2019 (Week 8)

The co-coordinating teacher is **Belinda Robertson**. 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 - Year 5 and 6 Band Performance – Floriade

- 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 Year 5 and 6 Band performances at Floriade on Friday 20 September 2019 as outlined in the information provided above.

Parent/ carers name (please print) _____ Parent/carers signature _____ Date _____

The cost per student for this event is \$.....

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

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

Fee Code: **FLORI19**

Direct Desposit 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:

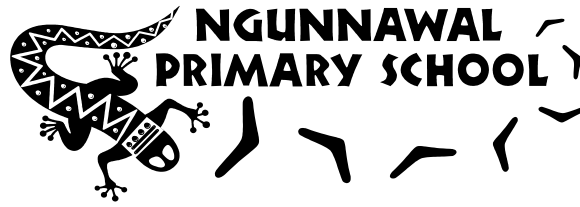
- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies (specify) | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> 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: _____



ACT
Government
Education



Unaipon Avenue
Ngunnawal ACT 2913
Ph (02)6142 1500

Principal: Rebecca Turner
info@ngunnawalps.act.edu.au

ABN 12 860 881 034
