

LSU Excursion to Ngunnawal Shops

10 September 2019

Dear Parents/Carers,

The following details relate to an educational excursion to the Ngunnawal Shops which is being organised for LSU. It will enrich our social and life learning skills, as well as assist us with recognising and understanding the value of Australian money. The children will be encouraged to choose a piece of fruit or a vegetable to buy. We will then come back to school and create a shared fruit/vegetable platter to share. Our shared fruit and vegetable platter will reinforce healthy food choices and our personal health and wellbeing.

Details of the excursion are as follows:

Date:	Thursday 26 September 2019
Time:	9:30am to 10:45am
Destination:	Ngunnawal Shops
Cost:	\$2.00 to buy a piece of fruit or vegetable
Travel:	Walking to and from shops
Clothing:	Normal school uniform comfortable walking shoes and a hat
Lunch arrangements:	At school as normal
Equipment:	Sun hat and \$2.00
Teachers:	Sharon Genero, Lyndy Parker, Kerry O'Rourke
Teacher to student ratio:	3:8
Maximum number of students attending	8 students

NOTE /MONEY NEEDS TO BE RETURNED BY:

Tuesday 24 September 2019 Notes cannot be accepted after this date.

Please Note that the payment of this financial contribution to a government school is voluntary. The Education Act 2004 guarantees that each contribution must be voluntary, a child is not to be approached or refused benefits or services because the child's parents do not make a contribution and any record of contributions is confidential.

The co-coordinating teacher is Sharon Genero. 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 NGUNNAWAL SHOPS

- 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 _LSU_ to attend the excursion to Ngunnawal Shops
travelling by walking.

Signed _____ Date _____

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

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

Fee Code:

Direct Deposit 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: _____