

## **Kindergarten Excursion to the learn to ride centre**

Dear Families,

Students from Kindergarten will be attending an excursion to the learn to ride centre at Southern Cross early childhood school, as a part of the school wheels day. Southern Cross Early Childhood School hosts the Belconnen Schools Network's Learn to Ride Centre. The Learn to Ride Centre is designed to prepare children for using Canberra's many bike paths and roadways safely and responsibly. In conjunction with the ACT's *Ride or Walk to School Program* a program has been devised to educate children about cycling safety and to promote physical activity. The centre includes a fully fenced cycle path, pedestrian crossings and road safety signs. A selection of 40 bikes and scooters are available for use

Details of the excursion are as follows:

<b>Date:</b>	<b>Friday the 2 November 2018</b>
<b>Time:</b>	<b>9:30am to approximately 1:30pm</b>
<b>Destination:</b>	<b>Southern Cross Early Childhood school - 33 Wirraway Cres, Scullin ACT 2614</b>
<b>Cost:</b>	<b>Gold coin donation</b>
<b>Travel:</b>	<b>Chartered Bus</b>
<b>Clothing:</b>	<b>School uniform, hat and comfortable shoes</b>
<b>Recess and Lunch:</b>	<b>Students are to bring a water bottle, recess and lunch in labelled containers in a Smaller back pack where possible.</b>

The staff accompanying students on this excursion will be, Miss Jess Bulluss, Mrs Kate Doak, Mrs Jodie Freebody, and Miss Sarah Paterson.

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 the First Aid Kit.

Unacceptable behaviour will be treated as it is normally treated at school, (time out at a designated spot, 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, wilful 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.

**Please complete the attached permission slip and return, with gold coin donation, to the front office**  
**by**  
**Wednesday 24 October 2018.**

Kindest regards,

The Kindergarten Team

**PERMISSION SLIP**  
**KINDERGARTEN EXCURSION TO THE LEARN TO RIDE CENTRE**

**Date:** Friday 2 November 2018  
**Time:** 9:30am to 1:30pm  
**Destination:** Southern Cross Early Childhood school - 33 Wirraway Cres, Scullin ACT 2614

- 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.
- 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 the school is providing this excursion as an optional activity to enrich curriculum outcomes and payment is required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide this activity.
- I understand that individual records of contributions are confidential.

I hereby give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the excursion to the learn to ride centre on Friday 2 November 2018 leaving Kaleen Primary School at 9:30am and returning by approximately 1:30pm, travelling by bus. I enclose a gold coin donation for this excursion.

- I have read the above information regarding this excursion and understand what it contains
- I enclose a gold coin donation for this excursion

Does your child suffer from or experience any known medical conditions? If so, please elaborate.

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SIGNED: \_\_\_\_\_  
(Parent/Guardian)

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

PHONE CONTACT: \_\_\_\_\_  
(on day of excursion)

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education & Training and Children's, Youth & Family Services Bureau.



## EXCURSION MEDICAL INFORMATION AND CONSENT FORM

**This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a category C & D excursion, overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken on the excursion.**

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

### Personal Details

Student's Name:		Date of Birth:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
School:		School Year:		Camp/Excursion:	
Parent/Carer:					
Address:					
Contact Telephone Nos					
Business Hours:		After Hours:		Mobile:	
Other Contact for Emergency:				Telephone No:	
Name of Student's Doctor:				Telephone No:	
Medicare No:		Private Health Fund No:		Membership No:	
Ambulance Fund: NOTE: Parents are responsible for ambulance costs outside the ACT.					

Please tick if your child suffers any of the following:

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> allergies              | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> anaphylaxis            | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> asthma                 | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other (please specify) |   |  |  | <input type="checkbox"/> sun screen sensitivity |

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection:	
Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion	
Is the student presently taking any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state name of medication, dosage, etc. (Please note: The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.):	
I consent to my child receiving paracetamol for temporary pain relief?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any physical or psychological limitations of your child? Please give details.	
Is there any other information which you believe may help us to provide the best possible care?	

**Consent to medical attention:** In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed





