

Excursion Information Cooida – 22 February 2017 Canberra Museum and Gallery – Memory of the World

Dear Families

The following details relate to an educational excursion to the Canberra Museum and Gallery (CMAG) Canberra (Cnr. London Circuit and Civic Square, Canberra City) which is being organised for our kindergarten children. During term 1, children will explore the big ideas around belonging, memories and collections. This experience will allow our children to hear the stories of others through collections of artefacts. A guided workshop at CMAG will be co-led by our educators and Gallery staff. We will gather and share a picnic morning tea before returning to school by 12 o'clock.

Excursion Date: Wednesday 22 February 2017

Departure Time: 9:40am

Departure from CMAG: Approximately 11:45pm

Cost of Excursion (including bus hire): Cost is \$7. (Payment can be made to Front Office or via direct deposit to the school BSB: 032777 Account Number 001551.

Payment should be made by 20 February 2017.

To Pack: Lunch and morning tea as normal and a sealed water bottle. Children will be making a picnic snack to share and will return to school for morning tea and lunch.

Please wear sun-safe clothes and appropriate footwear.

**This is an all-weather excursion except in the event of thunder or lightning. On the day, please consult the forecast and dress appropriately.*

LECS Staff Attending: Sharon, Candy and Leeanne

Please complete the attached Permission Slip and Medical Information and Consent Form and return to school by **Monday 20 February**

Families and students attending are reminded that appropriate, safe behaviour is expected and occurrences of dangerous behaviour will require students to be promptly returned to school. This is done at the discretion of teachers attending. All attending teachers will have reliable telephone communication with the school should any issues arise. Parents and carers will be able to contact attending teachers if needed through Front Office staff at LECS. 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.

If you have any questions about this excursion please ask your kindergarten teachers.

Thank you
Sharon and Candy
February 2017

**Permission Form
Cooinda – 22 February 2017
Canberra Museum and Gallery – Memory of the World**

I give permission for my child _____
to attend an excursion to the Canberra Museum and Gallery on Wednesday 22
February 2017. I understand the children will be travelling by bus with accompanying
teachers from Lyons Early Childhood School.

I give permission for the teacher in charge to make arrangements for the welfare of
my child (including medical or surgical treatment) in an emergency and agree to
meet the costs associated with any emergency arrangement made by the teacher in
charge. Free ambulance transportation only applies in the ACT.

I have read the attached information regarding this excursion and understand what it
contains.

- \$7 has been paid by direct deposit
- \$7 has been paid to Front Office
- \$7 has yet to be paid

Please return this Permission Form by **Monday 20 February 2017**

Full name of parent (please print): _____

Signature of parent:

Date:

Excursion Medical Information and Consent Form

Please note that Directorate policy states that this form must be completed for each excursion

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 B, 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 department 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 note that in the absence of a specific Plan standard First Aid will be administered.

Student's Surname/Family name: _____ Given/preferred name: _____

Date of Birth: __/__/____ Sex: M 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: _____ 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"/> Anaphylaxis * | <input type="checkbox"/> Allergies | <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"/> Sun screen sensitivity |

Other _____

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard First Aid will be given in an emergency.

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 No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the excursion _____

Is the student presently taking any medication? Yes No

If YES, please state name of medication and dosage: _____

NB. This information should be reflected on the General Medical Information and Consent Form kept at the school. Please inform LECS Front Office staff of any changes so General Medical Information and Consent Forms can be updated.

Parents must give written permission and directions for the administration of any medication taken during the excursion.

Arrangements for the transport, storage and administration of medication need to be made with the teacher in charge prior to leaving on the excursion. In all cases medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes No

Are you aware of any physical or psychological limitations of your child? Provide details.

Is there any other information you believe may help us 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 medical treatment as outlined in a specific First Aid Plan. I further authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for medical treatment, ambulance transport and/or medications.

Signed: Date: __ / __ / ____
(Parent/Carer)

Signed: Date: __ / __ / ____
(Parent/Carer)

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 whilst on the excursion.