

Excursion Information for Kindergarten and Year 1 Museum of Australian Democracy Wednesday 1 November 2017

Dear Families

The following details relate to an educational excursion to the Museum of Australian Democracy at Old Parliament House to view the Exhibitions, Finders Keepers: Collectors and their Stories, and The Gift. The purpose of this excursion is to continue to build the children's knowledge of storytelling and the different ways we can convey our story. This learning links with the work students have been doing in Play Workshops relating to their own stories at LECS.

Excursion Date: Wednesday 1 November 2017

Departure Time from LECS: 9.30am

Return to LECS: 2.00pm

Cost of Excursion (including bus hire): \$6

Cash payment can be made to LECS Front Office or via direct deposit to the LECS account:
BSB: 032777 Account number: 001551. Payment should be made by Monday 30 October 2017.

Teachers Attending: Candice Scott, Anita Cope, Rosemarie Donnelly and Erica Teding

To Pack: Fruit and/or vegetable to Munch & Crunch, a packed lunch and a sealed water bottle. Please ensure your child wears appropriate clothing and footwear. **This is an all-weather excursion. It will proceed except in the event of thunder or lightning. Please consult the forecast on the day and dress appropriately.*

Please complete the attached Permission Form and Medical Information and Consent Form and return to school by **Monday 30 October 2017.**

Families and students attending are reminded that appropriate, safe behaviour is expected. Occurrences of dangerous behaviour will require students to be promptly returned to school. This is done at the discretion of attending teachers. 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 members accompanying students on excursions will take all reasonable care while students are in their charge to protect them from injury and to control and supervise their activities and behaviour.

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, as a result of impulsive, wilful or disobedient behaviour.

If you have any questions about this excursion please ask Candice, Anita, Rosemarie and Erica.

Kind regards

Candice, Anita (Cooinda), Rosemarie and Erica (Euroa/Nunkeri)
Teachers

**Permission Form for Kindergarten and Year 1
Museum of Australian Democracy
Wednesday 1 November 2017**

I give permission for my child _____
to attend an excursion to Museum of Australian Democracy on 1 November 2017.

I understand the children will be travelling by bus to the Museum of Australian Democracy. Children will be accompanied by 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.

\$6 has been paid by direct deposit

\$6 has been paid to LECS Front Office

\$6 has yet to be paid

I have completed the attached Excursion Medical Information and Consent Form (As outlined in the Excursion Policy, this form is required to be completed for each excursion)

Please return this Permission Form and the attached Medical Information and Consent Form by Monday 30 October 2017.

Full name of parent (please print): _____

Signature of parent: _____

Date: ____/____/____

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 and Training.

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: _____ 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 |
| <input type="checkbox"/> 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 to complete. 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 ever 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.

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 an excursion.