

Years P-2 Excursion to Canberra Theatre

Dear Families

The following details relate to an educational excursion to the Canberra Theatre to watch the performance of a much-loved story, Possum Magic. Exposure to storytelling through theatre supports children's developing understanding of multimodal communication methods while fostering a love of The Arts.

Details of the excursion are as follows:

Date:	Thursday 5 September
Time:	9:10am – 12:00pm
Destination:	Canberra Theatre
Cost:	\$21.50
Travel:	Bus
Clothing:	Full School Uniform
Lunch arrangements:	Bring packed lunch as normal
Equipment:	NA
Teachers:	Ashleigh Anderson, Caderyn Ollerenshaw, Laura Lodge, Mel Chadwick, Nancye Marrington, Victoria Stowers, Pauline Cartwright, Kelly Cvitanovic, Justine Fuller, Natalie Leighton, Helga Siotis, Abigail Benninger, Sarah Jebb, Tahlia Bruce, Caroline Evans and Lianne Gyles
Teacher to student ratio:	1:10
Maximum number of students attending	155

NOTE /MONEY NEEDS TO BE RETURNED BY: FRIDAY 30 AUGUST. Notes cannot be accepted after this date. If you would like to discuss a payment plan please don't hesitate to contact Kirralee at the front office or on 6142 2800.

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 contribute, and any record of contributions is confidential.

The co-coordinating teacher Shannon Birch. 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, 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.

PERMISSION SLIP – EXCURSION TO THE CANBERRA THEATRE

- I have discussed with my child the need for sensible behaviour on this excursion.
- I authorise the school to decide 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 _____ (family member name) hereby give permission for my child (name) _____ to attend the excursion to see Possum Magic at The Canberra Theatre, on Thursday 5 September. I understand that they will be travelling by bus with Qcity Transport.

Signed _____ Date _____

I enclose \$ _____ Cash Cheque Quickweb (Visa/Mastercard) Direct Payment

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

Fee Code: **P-2THEATRE**

Direct Payment details:

Account: Margaret Hendry School **BSB:** 032 777 **A/C Number:** 002802

Reference on direct deposit required i.e. **child's name** M. Bloggs P-2THEATRE

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 **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: _____