



Chapman Primary School



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02 61422400
ABN: 48 529 566 431

“Achieving Excellence Together”

19 July 2021

Dear Parents/Carers,

YEAR 6 COMBINED BAND EXCURSION

The following details relate to an educational excursion to Arawang Primary School which is being organised for students in Year 6 Band.

Purpose:	Combined band practice with students Arawang Primary School band students	
Day/Date:	Thursday 29 July 2021	
Timetable:	Departing Chapman Primary School at 12.15pm Returning to Chapman Primary School by 2.15pm	
Venue:	Arawang Primary School Nemarang Street, Waramanga	
Transport:	Bus	
Cost:	Nil – transport costs are covered by band fee payments	
Permission due by	Please return completed permission note to Miss Williamson by Thursday 22 July 2021	
Group size	23	Ratio: 1 Adult to 23 students
Teacher in charge:	Kristy Williamson	
Accompanying Staff/Adults	Kristy Williamson	
What to bring	Instrument, music and a lead pencil and water bottle	
What to wear	School Uniform	
Excursion Risk Assessment: Available from the front office		
Emergency Contact for this excursion: Chapman Primary School (02) 6142 2400 or Arawang Primary School (02) 6142 0660		
Contingency:	If this event cannot take place on the planned day, it will be rescheduled to a later date.	
Behavioural Expectations:	Students are expected to demonstrate Chapman FRIENDS values and the PBL expectations of being safe, responsible and respectful.	

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 are happy for your child to attend, please return:

- Completed Permission form and return to Miss Williamson no later than:
Thursday 22 July 2021
- Medical Information and Consent Form

Kind regards

Kristy Williamson
Year 6 Band Teacher



Chapman Primary School Excursion Permission Form

YEAR 6 COMBINED BAND EXCURSION

This signed consent form should be returned to Miss Williamson no later than Thursday 22 July 2021.

I give permission for my child _____ in class _____ to attend the year 6 Combined Band Practice at Arawang Primary School on Thursday 29 July 2021, travelling by bus.

I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected 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 associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

Medical

The Medical Information and consent form only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Are there any changes to your last form?

Yes No

If yes, an updated Medical Information and Consent Form is required to be completed (available through the front office or download from the school's website).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?

Yes No

(If yes, please complete a Medication Authorisation and Administration Record if the school does not already have up-to-date information about this).

Is medication held at the school that will need to be transported to this event with your child?

Yes No

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes No

(If yes, please provide these details below.)

Please provide the following information:

Medicare No:		Private Health Fund:		Membership No:	
Ambulance fund: Parents are responsible for ambulance costs outside the ACT					

Name of Parent/Carer (please print): _____

Signature: _____ **Date:** _____

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.