



14 November 2023

Dear parents and carers,

KINDERGARTEN COMMUNITY WALK

The following details relate to an educational excursion being organised for students in kindergarten.

Purpose:	To support our HASS Unit of Inquiry on Community, kindergarten students have mapped a route around the streets of Chapman and surrounding suburbs which they will be following on their upcoming Community Walk. This walk will take our group past local landmarks, looking for natural and constructed features of buildings and places which are important to them and determine how these places are cared for and managed.
Day/Date:	Thursday 23 November 2023
Timetable:	Departing Chapman Primary School at 9.15 am Returning to Chapman Primary School by 10.30 am
Venue:	Chapman and Stirling Community
Transport:	Walking
Cost:	NIL
Payment and Permission due by	Monday 20 November 2023

The school has made every effort to keep cost for this excursion to a minimal level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

Group size	80	Ratio:	1:11 based on a minimum of 2 adults per class group
Teacher in charge:	Libby Emerson		
Accompanying Staff	Libby Emerson, Alicia Norris, Charlotte Miller, Tanya Duggan and Riley Bacon		
What to wear	<ul style="list-style-type: none">• Students must wear full school uniform on the day of this excursion.• Students must wear enclosed, sturdy walking shoes.• We recommend students apply sunscreen before coming to school.		
What to bring	Water bottle and sunsmart hat		
Volunteers	To meet the required ratio of two adults per class group we are asking for parent volunteers to accompany our groups. Volunteers must meet ACT Education Volunteers and Visitors in Schools Policy and Procedures and may be required to hold current WWVP registration. If you are interested in volunteering for this walk, please complete the attached Volunteers Interest Form.		

Excursion Risk Assessment: Available to view at the front office	
Emergency Contact for this excursion: Chapman Primary School 02 6142 2400	
Contingency:	Should this excursion not proceed on the date listed above, it will be rescheduled where possible or cancelled.
Behavioural Expectations:	Students are expected to demonstrate Chapman FRIENDS values and the PBL expectations of being safe, responsible and respectful.

Staff members 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 members have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, willful, or disobedient behaviour.

If you are happy for your child to attend, please return the attached permission and medical form to your child's classroom teacher no later than Monday 20 November 2023.

Yours sincerely

James M. Barnett
Principal

Chapman Primary School Excursion Permission Form

KINDERGARTEN COMMUNITY WALK

This signed consent form should be returned to your child's classroom teacher no later than Monday 20 November 2023

I give permission for my child _____ in class _____ to attend the Kindergarten Community Walk, around local streets and suburbs on Thursday 23 November 2023.

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.

- ☐ I have previously completed and returned the ACT Education Medical Information Consent Form for the current school year. *The Medical Information and consent form only needs to be completed once per calendar year prior to the first excursion unless there are changes to the details on this form.*

Are there any changes to the medical information previously provided for this school year? No ☐ Yes ☐
If yes, an updated [Medical Information and Consent Form](#) is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion? Yes ☐ No ☐

- **If yes**, is this medication and the accompanying plans held at the school? Yes ☐ No ☐

All medications held at the school will be transported to this excursion.

- **If No**, please complete a [Medication Authorisation and Administration Record](#) and present this along with medication to the school front office prior to the departure date for this excursion. *Please contact the school front office on 6142 2400 for further information*

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 manage the excursion appropriately and effectively. 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.



PARENT VOLUNTEER INTEREST FORM

Yes, I (Volunteer's Name): _____
would like to volunteer to accompany kindergarten students and staff on the Kindergarten Community Walk on Thursday 23 November 2023.

To assist schools in providing a safe and positive educational environment, volunteers and visitors must comply with the Volunteers and Visitors in Schools Policy and Procedure by completing:

- A Volunteers and Visitors in School – Nomination Form,
- A Volunteers and Visitors in Schools - Code of Conduct Form,
- Volunteers and Visitors in Schools - Induction Checklist, and
- Understand the requirements of compliance with the [Working with Vulnerable People \(Background Checking\) Act 2011](#) (WWVP Act) obligations.

Please complete and return this slip, if you are interested in becoming a Volunteer in our school, for this and or other activities.



I understand I will be required to complete paperwork required to meet the Volunteers and Visitors in Schools Policy and Procedure to attend this excursion, if not already done so this school year. I understand this paperwork is valid for one calendar year.

My child's name: _____ Class: _____

Relationship to Student _____

Contact email: _____ Phone: _____

Date: _____