

46-50 Perry Drive, Chapman ACT 2611 | Ph: 02 6142 2400 Email: <u>chapmanps.info@ed.act.edu.au</u> Website: <u>www.chapmanps.act.edu.au</u>



20 March 2024

Dear parents and carers,

YEAR 4 AUSTRALIAN NATIONAL BOTANICAL GARDENS EXCURSION

The following details relate to an educational excursion to the National Australian Botanical Gardens which is being organised for students in year 4.

Purpose:	To complement the year 4 curriculum for History with Indigenous perspectives, students will be visiting the Australian National Botanical Gardens to investigate how Indigenous peoples have traditionally used plants to survive in the past.			
Day/Date:	Thursday 11 April 2024			
Timetable:	Departing Chapman Primary School at 9:15 amReturning to Chapman Primary School by 12:30 pm			
Venue:	Australian National Botanical Gardens, Clunies Ross St, Acton			
Transport:	Bus			
Cost:	\$17.00			
Permission and payment due by	Thursday 4 April 2024			

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	79	Ratio:	1:20					
Teacher in charge:	Tina MacDonnell							
Accompanying Staff	Tina MacDonnell, Caitlin Law, Bec Carney, Jodi de Ligt and Sue Patterson.							
Meals	Students will be given the opportunity to have their fruit break before leaving the school and will be transporting recess and water bottle in their school bags. Lunch will be eaten upon returning to school.							
What to bring	Sunsmart, recess and water bottle. Please do not place canteen orders for break 1 (recess) items as children will not be at school to collect these from the canteen. Canteen orders placed for break 2 (lunch) meals will be delivered to the classrooms as usual.							
What to wear	Full school uniform, and enclosed shoes suitable for bush trail walking shoes. Please ensure ALL clothing is clearly labelled with your child's full name.							
Excursion Risk Assess	ment: Available to view at the front offic	ce						
Emergency Contact for this excursion: Chapman Primary School 02 6142 2400								
Contingency:	Should this excursion not proceed on the dates listed above, it will be rescheduled where possible or cancelled and a full refund will be offered.							
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.

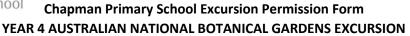
Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff members have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, willful, or disobedient behaviour.

For your child to attend, please return the attached permission form and payment to your child's classroom teacher, no later than Thursday 4 April 2024

Yours faithfully

James M. Barnett Principal







This signed consent form, payment and medical form must be returned to your child's classroom teacher by Thursday 4 April 2024

I give permission for my child _______ in class ______ in class ______ to attend the year 4 Australian National Botanical Gardens excursion on Thursday 11 April 2024 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.

□ I have completed and returned the ACT Education Medical Information Consent Form with this permission. *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 during the year.*

I have already completed this form in 2024.

There are no changes to the information provided on this form.
 If the information you have already provided in 2024 has changed please complete and return a new Medical Information and Consent Form.

Yes 📙

Yes 🗌

No

No

Will your child require medication to be administered during the excursion?

- If yes, is this medication and the accompanying plans held at the school?
 All medications held at the school will be transported to this excursion.
- If No, please complete a <u>Medication Authorisation and Administration Record</u> 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 \square No \square (If yes, please provide these details below.)

Please provide the following information:

Med	licare No:		Private Health Fund:		Mem	bership No:					
Amb	Ambulance fund: Parents are responsible for ambulance costs outside the ACT										
Payment Code: YR4BOTGARD											
Excursion Payment Details											
	Quickweb payment of \$17.00 made on (date) receipt number										
https://www.chapmanps.act.edu.au/payment											
	Please ensure that this permission form is returned to your child's teacher										
	Enclosed is cash to the value of \$17.00 to cover the cost of the excursion.										
Name of Parent/Carer (please print):											
Signature:				Da	te:						

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.