



Chapman Primary School



Perry Drive Chapman ACT 2611
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02 61422400
ABN: 48 529 566 431

“Achieving Excellence Together”

12 May 2022

Dear Parents/Carers,

SOUTH WESTON REGIONAL CROSS COUNTRY CHAMPIONSHIP

This information relates to the South Weston Regional Cross Country championship which your child has qualified to participate in.

Purpose:	Optional inter school sporting carnival.
Day/Date:	Wednesday 1 June 2022
Timetable:	9.30 am – 12.30 pm as per attached race timetable
Venue:	Stromlo Forest Park
Transport:	Private Transport – No transport has been arranged by the school for transportation of students to and from this event. Parents are required to transport participating students to and from the venue.
Cost:	\$10.00 PSSA registration
Permission due by	Monday 30 May 2022
Teacher in charge:	Primary School Sports ACT First aid attention and management will be provided by School Sport ACT
Chapman Primary School Staff attending: Dean Howell Students should report to Mr Howell on arrival at the Chapman Primary School designated area to have attendance marked on arrival and departure.	
Meals:	Students should bring lunch and snacks to get them through the day.
What to bring:	Sunsmart hat, water bottle and all required meals. Appropriate jacket/jumper to suit weather conditions.
Student Medications:	Any personal medications such as for Asthma / Anaphylaxis must be transported by parents attending the event.
What to wear:	Suitable clothing and footwear appropriate for the activities and weather conditions.
Excursion Risk Assessment: Available from the front office	
Emergency Contact for this excursion: Chapman Primary School 02 6142 2400	
Contingency:	In case of inclement weather, the event will be rescheduled.
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 payment to your child's classroom teacher no later than:
10.00am on
- Medical Information and Consent Form

Kind regards

Dean Howell

Executive and PE Teacher



Chapman Primary School Excursion Permission Form SOUTH WESTON CROSS COUNTRY CHAMPIONSHIP

This signed consent form should be returned to your child's classroom teacher no later than 10:00am on Monday 30 May 2022.

I give permission for my child _____ in class _____ to attend the South Weston Cross Country Championship at Stromlo Forest Park on Wednesday 1 June 2022.

I understand that it is my responsibility to transport my child to and from this carnival.

I agree to my child participating in the activities associated with this carnival 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 carnival. I agree that my child will be under the authority of the school for the duration of the carnival 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.

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

Yes No

Please note that any student's medication requirements must be transported by parents.

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					

Payment Code:

Excursion Payment Details

- Enclosed is cash to the value of **\$10.00** to cover the cost of the excursion.
- Quickweb payment of **\$10.00** 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

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.