

Year 6 Combined Band Rehearsal – Kaleen Primary Excursion Information

25 August 2020

Dear Parents and Carers,

Your child has been invited to attend **Year 6 Combined Band Rehearsal** at **Kaleen Primary** on **8 September**.

Children will leave school at **9:30am** and return to school at approximately **12:00pm**. Transport will be by **bus**. Supervision will be by **Antonia McGuire**

Where travel is by car pool organised by the school, drivers must have a current licence, vehicles must be covered by registration and comprehensive insurance and the number of passengers must not exceed the seat belt provision of the vehicle.

The Department of Education and Training does not provide any insurance cover for injury, disease or illness to students resulting from school activities or school organised excursions. You should be aware that there is no insurance cover for personal injury if your child is injured during the activity/excursion and should consider whether taking out personal insurance cover for your child is warranted. This insurance might cover contingencies such as medical/hospital expense, ambulance transport outside the ACT, cancellation of transport/accommodation or loss of /damage to luggage.

Children are requested to wear full school uniform. They will need to bring **their instrument, music, and water bottle**.

Please return the attached permission note signed by **3 September 2020**.

Regards

Antonia McGuire
Excursion coordinator /DECO

Year 6 Combined Band Rehearsal – Kaleen Primary School Excursion Consent Form

I give permission for my child _____ of class _____

to attend the **Year 6 Combined Band Rehearsal on 8 September 2020** travelling to and from the excursion by **bus**.

1. I authorise for the teacher in charge to make arrangements 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 decisions made by the teacher in charge.
2. I agree that should my child's behaviour be such that the teacher in charge considers it warranted to return my child home, this will be done at the expense of the parent/guardian.
3. I agree to my child travelling by private car, driven by a staff member or parent as the case may be, if the need for such travel arises.

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education and Training Directorate (ETD) (Turner School). This information is necessary for us to be able 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 in order to appropriately and effectively manage the excursion. (*Drafting note: disclosure overseas reference may be omitted for local excursions.*)

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.

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 that may occur on an excursion where, in all circumstances, staff members have not been negligent. Parents should advise children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I have read the above information and understand what it entails.

FULL NAME OF PARENT/GUARDIAN (Please print) _____

SIGNED PARENT/GUARDIAN _____ DATE: ____/____/____

MEDICAL INFORMATION

PHONE & EMERGENCY CONTACT NUMBERS OF PARENT/GUARDIAN
