



Gilmore Primary School

Heagney Cres GILMORE ACT 2905

Ph: (02) 61421780 Fax: (02) 61421794

info@gilmoreps.act.edu.au

www.gilmoreps.act.edu.au



Reminder

EXCURSION CONSENT FORM

| | |
|--------------------------|--|
| EXCURSION | National Zoo and Aquarium Canberra Tour |
| DATE: | Wednesday 5 th September 2018 |
| DEPARTURE TIME | 10.10am |
| RETURN TO SCHOOL | approx. 2.00pm |
| TEACHER IN CHARGE | Beth Page, Mette Kragh and Cherie Lugg-Restall |
| COST PER STUDENT | \$26.00 |

ADDITIONAL INFORMATION

The K-2 classes at Gilmore Primary are learning about life cycles and how living things change. To support their learning the students are being offered the opportunity to attend a day of learning at the National Zoo and Aquarium Canberra. The children will participate in a guided tour around the zoo with a variety of interactive animal experiences such as feeding a large cat or bear, meeting our natives and cuddling some reptiles. Arrangements will be made for students to take their lunch with them to the zoo.

A risk assessment for this excursion has been completed and will be available at the front desk.

If not enough notes and payment have been returned by the due date this excursion will be cancelled.

If you would like your child to attend please follow the steps below

Step 1: Sign attached permission note and medical forms and return to school no later than

Wednesday 22 August

Step 2: Complete payment by cash, direct payment or credit card by **Wednesday 22 August**

Charlene Lalor
Executive Teacher
2 August 2018

Courage Kindness Respect

Permission slip for National Zoo and Aquarium Canberra Tour

I, _____ hereby give permission for _____ to attend the National Zoo and Aquarium Canberra tour on Wednesday 5 September, 2018.

Please tick appropriate boxes:

- I am aware of the travel arrangements and I enclose **\$26** in full payment. See payment slip over the page.
- I understand that the cost of buses is non-refundable as prices are determined by the total number of children travelling. If my child is unable to attend the excursion, and I require a refund (less bus fare), I should make a request in writing, within a week after the excursion to the Business Manager. The school should be notified by 9:00am on the day of the excursion if a student is unable to attend.
- I understand that the ACT Education Directorate does not maintain a compensation scheme to cover students injured on school excursions or cover loss or damage to student property while at school or on excursions so I need to take out my own insurance to cover such emergencies should they occur, including ambulance cover outside the ACT.
- I authorise the school to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency.
- I agree that my child/children will be under the authority of the school for the duration of the excursion and that the school is authorised to return the student to school if the school considers that circumstances warrant such action.
- I agree that my child/children may be photographed for use in the school newsletter and classroom memory display.

My child has the following medical condition that may need treatment on the day:

I will provide the following medication for my child in a clearly marked container. (This should be handed to your child's class teacher upon arrival at school.)

Parent/Carer contact if needed during excursion

Parent/Carer: Name: _____ Phone: _____

Parent/Carer: Name: _____ Phone: _____

Staff accompanying students on excursions will take all reasonable care while 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 have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this camp/excursion. The school has made every effort to keep costs for this activity at a reasonable level. This is an enrichment activity so a payment will be required to cover all costs. The school reserves the right to cancel the activity should all cost not be covered. Individual records of contributions are confidential.

Parent/Guardian Signature: _____ Date: ____/____/____

Payments slip

National Zoo and Aquarium Canberra Tour

EXCURSION Students from Kindergarten to Year 2 will be visiting the National Zoo and Aquarium Canberra and participating in a guided tour

DATE Wednesday 5 September, 2018

COST PER STUDENT \$26.00

It would be appreciated if payment was received by Wednesday 22 August, 2018

Amount enclosed \$ _____ cash/credit card.

Visa Card **Master Card** \$ _____ (payments over \$10 only)

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Card valid to _____ / _____

Name on card

Signature

Online Payment <http://www.gilmoreps.act.edu.au/payment> and follow the prompts.

Online payment code: 8071-K/2-18

Direct payments can be made to

Westpac Bank Account Number: 001324 BSB 032777

Please put family name and description of the payment.

Thank you