



ACT
Government
Education

BONYTHON PRIMARY SCHOOL

Hurtle Avenue
BONYTHON ACT 2905
www.bonythonps.act.edu.au

Ph: 02) 6142 0640
Fax: (02) 6142 0656
ABN: 47 576 431 450



15 October 2018

YEAR 5 BAND PERFORMANCE FOR CHILDREN'S WEEK YEAR 5 BAND 26 OCTOBER 2018

Dear Parents and Carers,

The Year 5 Band has been asked to perform at a picnic lunch celebrating Children's Week at Isabella Plains Early Childhood School. We will be walking to the venue, but I will transport instruments the afternoon before, so students are required to bring their instruments to school on Thursday. It would be advisable for students not to order their lunch from the canteen on this day, in case we are not back in time.

To assist us with planning and preparation of the excursion, ***permission notes need to be returned to the school by 19 October 2018.***

Teachers accompanying students on the excursion will be: Lindsay Stewart

Date of excursion:	26 October 2018
Venue:	Isabella Plains Early Childhood School
Time of departure:	11.15am
Time of return:	1.30pm
Cost:	NIL
Method of transport:	Walking
Permission note to be returned by:	19 October 2018
What to wear:	School uniform
What to bring:	Drink bottle, recess, lunch and a Sunsmart hat

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.

In the case of unacceptable or dangerous behaviour, arrangements may be made to exclude a child or arrange for them to be sent home at the expense of the parents.

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) (Bonython Primary School). This information is necessary for us to manage student participation and attendance at the event, 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 attend/participate in the event. 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. While we will not usually disclose this information to third parties, we may share this information with other public (i.e. government) and non-government schools in the case of inter-school or inter-state state events in order to manage the event 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.

Regards,

Lindsay Stewart
Band Teacher

PERMISSION NOTE

YEAR 5 BAND PERFORMANCE FOR CHILDREN'S WEEK

YEAR 5 BAND

26 OCTOBER 2018

(Please return to the school with payment by 19 October 2018)

I give permission for my child _____ in class _____ to attend the **Year 5 Band performance at Isabella Plains Early Childhood School.**

I/We authorise the school to make arrangements for the welfare of the student (including medical or surgical treatment), in an emergency.

I/We agree to meet the costs associated with any emergency arrangements made by the school - free ambulance transportation only applies in the ACT.

I/We agree to the student walking.

I/We have read the above information regarding this excursion and understand what it contains.

Full Name of Parent/Guardian (Please Print) _____

Signature of Parent/Guardian _____ Date _____

Emergency contact number on the day: _____

MEDICAL INFORMATION AND UPDATE

YEAR 5 BAND PERFORMANCE FOR CHILDREN'S WEEK

YEAR 5 BAND

26 OCTOBER 2018

(Please return to the school with permission note)

The school has your child's medical information on the Annual Medical Form which will be taken by the school on the excursion. We do understand however, that children's medical conditions can change or they may be suffering from temporary conditions. The questions below help us to ensure we have the most up to date information for the excursion detailed above. It is important that we are advised of any changes to your child's medical details prior to the excursion. Please carefully read the questions below, choose the appropriate answer, sign and return to the school with the permission note and payment. If you have any questions about what is contained on your child's Annual Medical Form, please contact the Front Office on 6142 0640 for assistance.

If the changes to the Annual Medical Form are permanent or long term, it is important you contact the school to complete/update this form.

Name of student: _____ Class: _____

No medical conditions and no changes: I have completed the Annual Medical Form and there were no medical conditions to report. This has not changed.

Medical conditions reported but these have not changed: I have completed the Annual Medical Form and reported medical conditions. The conditions and the treatment plan have not changed.

Additional details (if required) _____

There are changes to the Annual Medical Report: I have completed the Annual Medical Form and there are changes to my child's medical conditions. Please complete below the details of the medical condition and the treatment required.

Full Name of Parent/Guardian (Please Print) _____

Signature of Parent/Guardian _____ Date _____