

15 June 2017

**BRAVE HEARTS – DITTO’S KEEP SAFE ADVENTURE SHOW
PRESCHOOL – YEAR 2
28 JUNE 2017**

Dear Parents and Carers,

Experienced facilitators will present “Dittos Keep Safe Adventure” a show tailored for children aged from 3 years to 8 years. The show effectively teaches personal safety strategies and skills to stay safe in a range of situations. The program underpins children’s instinctive understanding of feelings around their personal safety in a way that is non-confronting, safe and highly effective.

To assist us with planning and preparation of the excursion, ***permission notes and payment need to be returned to the school by 23 June 2017.***

Date of excursion:	28 June 2017
Venue:	Bonython Primary School Hall
Cost:	\$7.50
Activities to be undertaken:	Children will participate in an interactive presentation
Permission note to be returned by:	23 June 2017
What to wear:	School Uniform

It is customary for the school to request a financial contribution towards meeting the cost of your child’s participation in this excursion. These contributions are voluntary. The school has made every effort to keep costs for this activity at a reasonable level. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we will not be able to proceed.

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,

Robyn Kiddy
Executive Teacher

PERMISSION NOTE AND PAYMENT
BRAVE HEARTS – DITTO’S KEEP SAFE ADVENTURE SHOW
PRESCHOOL – YEAR 2
28 JUNE 2017
(Please return to the school with payment by 23 June 2017)

I give permission for my child _____ in class _____ to attend the Brave Hearts – Ditto’s Keep Safe Adventure Show

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

Payment of \$7.50 is enclosed.

Full Name of Parent/Guardian (Please Print) _____

Signature of Parent/Guardian _____ Date _____

Emergency contact number on the day: _____

Payment Options:

- Quick Web** (*Visit the school website. Click on the payment tab which will take you to a secure Westpac Website to complete the payment.*)
- Direct Deposit** (*See account details below.*)
- Cash**
- Credit Card**
- Cheque**

Account Name: Bonython Primary School Management Account

BSB: 032 777

Account Number: 001041

Please include your child’s name and reason for payment in the ‘reference field’.

Example: Smith (War Mem)

Payment by credit card, please fill out the following details:

Child’s Name _____ Class _____ Incursion to: Ditto’s Keep Safe Adventure Show

VISA

MASTERCARD

NAME ON CARD

EXP DATE AMOUNT

SIGNATURE

CARD NO

MEDICAL INFORMATION AND UPDATE
BRAVE HEARTS – DITTO’S KEEP SAFE ADVENTURE SHOW
PRESCHOOL – YEAR 2
28 JUNE 2017

(Please return to the school with permission note and payment by 23 June 2017.)

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 62056565 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 _____