



**ACT**  
Government  
Education

## BONYTHON PRIMARY SCHOOL

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### PHYSICAL ACTIVITIES INFORMATION FOR PARENTS NEIGHBOURHOOD BIKE RIDES YEAR 5/6 STUDENTS FRIDAY 14 OCTOBER 2022 – FRIDAY 9 DECEMBER 2022

Dear Parents and Carers,

The following details relate to participation in **Neighbourhood bike rides during Term 4.**

<b>Dates/time:</b>	<b>Fridays including and between 14/10/22-9/12/22</b>
<b>Location:</b>	<b>Students will map and plan safe journeys to local landmarks, including Stranger Pond, Isabella Pond, Gordon Adventure Playground and other locations within an achievable distance from the school</b>
<b>Purpose of Physical Activity/Activities:</b>	<b>Year 5 &amp; 6 students will engage in Neighbourhood Bike Rides for fun and fitness and to use and put into practise, their recently acquired Safe Cycle Skills.</b>
<b>What to wear:</b>	<b>Full school uniform and appropriate shoes</b>
<b>What to bring:</b>	<b>Bike and helmet from home and drink bottle. The bike must be roadworthy, and the helmet must meet Australian Standards.</b>
<b>Group Size:</b>	<b>15-20 students</b>
<b>Leader of the Physical Activities:</b>	<b>Marissa Owens</b>
<b>Assistant Leaders:</b>	<b>Melissa Troth and Lindsay Stewart</b>
<b>Transport:</b>	<b>Bike</b>
<b>Cost:</b>	<b>Nil</b>
<b>Notes to the front office by:</b>	<b>12 October 2022</b>

**Risk Assessment:** Available at the front office

**Contingency:** If this excursion needs to be either postponed or cancelled, parents and carers will be informed within a reasonable timeframe and future arrangements may be made. Our communication channels are Bonython Facebook page and Seesaw announcements.

**Behaviour:** While on this excursion, students are expected to adhere to the Bonython Primary School values (success skills) by demonstrating Grit, showing Integrity, embracing Diversity, having Empathy and Self managing.

*Staff leading students in Physical Activities 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 during participation, 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.*

Kind Regards,

Marissa Owens  
Deputy Principal

**PHYSICAL ACTIVITIES PERMISSION NOTE**  
**NEIGHBOURHOOD BIKE RIDES**  
**YEAR 5/6 STUDENTS**  
**FRIDAY 14 OCTOBER 2022 – FRIDAY 9 DECEMBER 2022**

I give permission for my child \_\_\_\_\_ in Class \_\_\_\_\_ to participate in the **Neighbourhood Bike Rides** from **14/10/22 – 9/12/22** and other details as outlined in the Physical Activities Information for Parents (including contingency plans). I agree that in the event of the excursion being postponed my child can attend on a revised date.

*I agree to my child participating in the Physical Activity/Activities mentioned previously. I have discussed with my child the need for expected behaviour. 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.*

*I agree that my child will be under the authority of the school for the duration of the Physical Activity/Activities.*

*I understand and agree that the equipment that my child provides for this excursion is in a fit and roadworthy condition. I understand that this equipment will not be shared with other students. I understand that it is my child's responsibility to ensure his/her bike is safely locked up using the school bike cage.*

- Roadworthy bicycle of suitable size for my child's heights  
 Appropriately sized Australian Standard helmet  
Tick as appropriate

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Medical Information and consent form only needs to be completed once/year prior to the students first involvement in a Physical Activity/Activities unless there are changes to the details on this form? Are there any changes to this form?

Yes  No

If yes, an updated Medical Information and Consent Form is required to be completed (available through the front office).

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

Yes  No

If yes, please complete a Medication Authorisation and Administration Record (available through the front office).

Is there any additional information you need to provide to support your child's participation in this Physical Activity/Activities?

Yes  No

If yes, please provide these details

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Please provide the following information:

Medicare No: \_\_\_\_\_

Private Health Fund: \_\_\_\_\_ Membership No \_\_\_\_\_

Ambulance Fund: \_\_\_\_\_

Parents are responsible for ambulance costs outside the ACT.

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](http://www.det.act.gov.au)) on the About Us page.*