



EXCURSION INFORMATION FOR PARENTS
GRADUATION DISCO
YEAR 5 STUDENTS
WEDNESDAY 14 DECEMBER 2022

16 November 2022

Dear Parents and Carers,

The following details relate to a **Graduation Disco at Vikings Tuggeranong Town Centre** which is being organised for **Year 6 Students**. Year 5 students are invited to join the disco from 7.30pm.

Dates/time:	Wednesday 14 December 2022, 7.30pm – 8.30pm
Purpose of excursion:	To celebrate the graduating class of 2022
Activities:	Disco
Transport:	Parents/carers to transport children to and from the event. Students need to be signed in upon arrival and signed out at the conclusion of the evening.
Group Size:	60 Year 6 students and 32 Year 5 students
Trip Leader:	Marissa Owens and Melissa Troth
Assistant Leaders:	Amelia Clay, Taleasha Bray, Kira Vines and Lindsay Stewart
Cost:	Nil

Notes to front office by: 28 November 2022

Excursion 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.

Behavioural expectations- 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 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.

Kind Regards,

Marissa Owens
Namadgi Executive Teacher

EXCURSION PERMISSION NOTE FOR PARENTS
GRADUATION DISCO
YEAR 5 STUDENTS
WEDNESDAY 14 DECEMBER 2022

I give permission for my child _____ in class _____ to attend the **Year 6 Graduation Disco at Vikings Tuggeranong Town Centre on 14 December 2022** travelling by **private car to and from the event** and other details as outlined in the Excursion 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 activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. 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 attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

The [Medical Information and consent](#) form only needs to be completed once/year prior to the first excursion 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 excursion (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 excursion?

Yes No

If yes, please provide these details

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) on the About Us page.