



PHYSICAL ACTIVITIES INFORMATION FOR PARENTS
FOREST SCHOOL
YEARS 3/4 STUDENTS
17/10/22 – 5/12/22

Dear Parents and Carers,

The following details relate to participation in **Forest School Program**.

Dates/time:	Week 2 Monday 17/10/22 9.30am-12.30pm Week 3 Thursday 27/10/22 9.30am-12.30pm Week 4 Monday 31/10/22 9.30am-12.30pm Week 5 Monday 07/11/22 9.30am-12.30pm Week 6 Monday 14/11/22 9.30am-12.30pm Week 7 Monday 21/11/22 9.30am-12.30pm Week 8 Thursday 01/12/22 9.30am-12.30pm Week 9 Monday 5/12/22, 9.30am-12.30pm
Location:	Mount Stranger
Purpose of Physical Activity/Activities:	Forest School is an opportunity for students to engage in nature play, learn in nature and make connections within our Bonython Curriculum worlds using Country as teacher
What to wear:	Long pants and long sleeve shirt and runners, students who do not have these Resources will be unable to participate in the session
What to bring:	Recess, lunch, water bottle and Hat
Group Size:	50
Leader of the Physical Activities:	Simon Wansink
Assistant Leaders:	Tehliah Dundas
Transport:	Walking
Cost:	Nil
Notes to the front office by:	12 October 2022

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,

Simon Wansink
Year 3/4 Teacher

PHYSICAL ACTIVITIES PERMISSION NOTE
FOREST SCHOOL
YEARS 3/4 STUDENTS
17/10/22 – 5/12/22

I give permission for my child _____ in Class _____ to participate in the **Forest School Program** on **17/10/22-5/12/22** 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.

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

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.