



**ACT**  
Government

Education and Training

An ACT Government School

# Torrens Primary School

Ritchie Street  
TORRENS A.C.T. 2607

Phone: 6205.7411

Fax: 6205.7413

Email: [admin@torrensp.s.act.edu.au](mailto:admin@torrensp.s.act.edu.au)



EXCURSION: Indigenous Art Exploration .

YEAR LEVEL: Kindergarten

DATE OF EXCURSION: Monday 4 September 2017

TIME OF EXCURSION: 10.20am – 2.30pm

TRANSPORT BY: Bus

COST: \$7.50

## **PERMISSION/MEDICAL NOTES and PAYMENT DUE BY 3.30PM: Wednesday 30 August 2017**

As part of our Term 3 Inquiry Unit 'Caring for Special Places' Kindergarten will visit the National Portrait Gallery and the National Gallery of Australia to participate in a facilitated art education program. They will make connections between their lives and the lives of Indigenous people and discover how this is represented in artworks. Both venues will provide opportunity for art making.

Children will need to be in school uniform and bring their hat, morning tea in a brown paper bag (provided) and drink bottle with them to the National Portrait Gallery and National Gallery.

They will not need any money as we will not be going to the café or shop.

Kind regards,

The Kindergarten Team 😊

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*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 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.*

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**National Portrait Gallery and National Gallery of Australia**  
**Kindergarten Art Excursion Monday 4 September 2017**

**PERMISSION NOTE & MEDICAL NOTE**

***Return to front office:***

**PLEASE COMPLETE PERMISSION AND MEDICAL NOTE ATTACHED.**

**CHILDREN ARE UNABLE TO ATTEND THE EXCURSION UNLESS PERMISSION/MEDICAL NOTES ARE COMPLETED.**

I give permission for my child to attend the excursion.

CHILD'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

✂----- ✂

**EXCURSION PAYMENT SLIP**

Payment: \$7.50

Payment can be made through:

**Torrens Primary School website**

**[www.torrensps.act.edu.au](http://www.torrensps.act.edu.au)** (Payment link)

(Student & family keys details available from the front office.)

On line receipt number: \_\_\_\_\_

**Or:**

- Cash
- EFTPOS
- Cheque – made out to Torrens Primary School

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Family Surname: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_



## EXCURSION MEDICAL INFORMATION AND CONSENT FORM

**This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a category C & D excursion, overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken on the excursion.**

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

### Personal Details

Student's Name:		Date of Birth:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
School:		School Year:		Camp/Excursion:	
Parent/Carer:					
Address:					
Contact Telephone Nos					
<i>Business Hours:</i>		<i>After Hours:</i>		<i>Mobile:</i>	
Other Contact for Emergency:				Telephone No:	
Name of Student's Doctor:				Telephone No:	
Medicare No:		Private Health Fund No:		Membership No:	
Ambulance Fund: NOTE: Parents are responsible for ambulance costs outside the ACT.					

Please tick if your child suffers any of the following:

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> allergies              | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> anaphylaxis            | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> asthma                 | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other (please specify) | _____                                   |  |  | <input type="checkbox"/> sun screen sensitivity |

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection:	
Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion	
Is the student presently taking any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state name of medication, dosage, etc. (Please note: The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.):	
I consent to my child receiving paracetamol for temporary pain relief?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any physical or psychological limitations of your child? Please give details.	
Is there any other information which you believe may help us to provide the best possible care?	

**Consent to medical attention:** In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed