**Torrens Primary School**

Email: [admin@torrensps.act.edu.au](mailto:admin@torrensps.act.edu.au) Website: www.torrensps.act.edu.au

**Torrens Preschool - Koalas**

**Excursion:** Canberra Museum and Gallery – “What Do Artists Make?”

**Date & Time:** Thursday 3 June 2021 (Week 7), 9.30am to 1.00pm

**Transport:** bus

**Number of staff members/adults attending this excursion:** 4

**Anticipated number of children attending this excursion:** 16

**Ratio of adults to children:** 1:4

**Cost:** $10.00 per child to cover CMAG entry. The Torrens Preschool P & C have kindly agreed to cover the cost of the bus for the excursion.

**Payment, permission and medical notes due:** Thursday 27 May 2021 (Week 6)

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*This is an optional activity but enriches the school life of the child.  Payment is required to cover the cost of your child attending this excursion.  The school has made every effort to keep costs for this activity at a reasonable level.*

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Children will explore the exhibition *‘What Do Artists Make?’* and “*Seeing Canberra’.* They will discover Canberra stories in works of art and through art-based games, singing, storytelling and role play. In the CMAG studio the children will have the opportunity to experiment with some of the tools and techniques artists use to create their artworks.

Links to the curriculum and EYLF Outcomes include:

1.3 – Children develop knowledgeable and confident self - identities.

2.2 – Children respond to diversity with respect.

3.1 – Children become strong in their social and emotional wellbeing.

4.1 – Children develop dispositions for learning such as curiosity, co‐operation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity.

5.3 – Children express ideas and make meaning using a range of media.

5.4 – Children begin to understand how symbols and pattern systems work.

**Children, parent helpers (and staff) are required to bring their drink bottles and morning tea in a brown paper bag.**

***Caroline Doverty – Preschool Educator***  
*---------------------------------------------------------------------------------------------------------------------------------------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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**Torrens Preschool - Koalas**

**Canberra Museum and Gallery Excursion**

**PERMISSION NOTE**

***Return to Preschool or Front Office of Torrens PS:***

**Your child is not able to attend this excursion unless both the permission note and medical form (attached) are completed.**

I give permission for my child to attend the Canberra Museum and Gallery (CMAG) excursion on Thursday 3 June 2021 (Week 7).

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/CARER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:*\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*

**PAYMENT DETAILS**

**Excursion:** CANBERRA MUSEUM AND GALLERY **Cost:** $10.00

□ On-line ([www.torrensps.act.edu.au/payment](http://www.torrensps.act.edu.au/payment)) Receipt Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Cash

□ EFTPOS

□ Cheque (payable to Torrens Primary School)

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|  | 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: | | 🞏 M 🞏 F |
| School: | Chifley Preschool | | | | | | | School Year: | | |  | | Camp/Excursion: | | | | | Torrens Preschool Koalas - CMAG | | | | |
| Parent/Carer: | | |  | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | |
| Contact Telephone Nos | | | | | | | | | | | | | | | | | | | | | | |
| *Business Hours:* | | | |  | | | *After Hours:* | | |  | | | | | *Mobile:* | | | |  | | | |
| 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. | | | | | | | | | | | | | | | | | |  | | | | |

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| Please tick if your child suffers any of the following: | | | | | |
| 🞏 allergies | 🞏 blood pressure | | 🞏 epilepsy | 🞏 hay fever | 🞏 nose bleeds |
| 🞏 anaphylaxis | 🞏 diabetes | | 🞏 fainting | 🞏 headaches | 🞏 reaction to drugs |
| 🞏 asthma | 🞏 eczema | | 🞏 fits or blackouts | 🞏 heart condition | 🞏 sight/hearing problems |
| 🞏 other (please specify) | |  | |  | 🞏 sunscreen 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.*

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| --- | --- | --- |
| 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 🞏 No 🞏 |
| 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 🞏 No 🞏 |
| 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 student’s name, dosage and frequency of administration.) | | |
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| I consent to my child receiving paracetamol for temporary pain relief? | | Yes 🞏 No 🞏 |
| Are you aware of any physical or psychological limitations of your child? Please give details. | | |
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| Is there any other information which you believe may help us to provide the best possible care? | | |
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**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.

Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_