Dear Parent/Carer,

**2024 Permission to participate - local community activities**

During the school year, students have the opportunity to participate in a range of activities within the local community. These may include visits to the following locations:

* + Torrens Preschool
* Torrens Shops
* Torrens tennis courts
* Torrens Community Oval
* Melrose High School
* **Time** - anytime between regular school hours of 9:15am- 3:15pm.
* **Purpose** - activities form an integral part of the school curriculum. Information regarding curriculum and programs is available from the website and term overviews.
* **Mode of transport** - walking
* **Activities** - details regarding specific local community activities will be sent via SMS, email or Seesaw prior to them occurring.

Please complete the attached general permission note to enable your child to fully participate in local community activities for the rest of the 2024 school year.

Return completed forms to the school by **Friday 23 February (Week 4)**

Rachel Matthews

Principal

February 2024

**2024** **Permission to participate - local community activities**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ in class \_\_\_\_\_\_\_\_to attend excursions throughout 2024 in the local community, including activities at:

* Torrens Preschool
* Torrens Shops
* Torrens tennis courts
* Torrens Community Oval
* Melrose High School

Students will be supervised on these excursions and will be required to use underpasses where appropriate.

*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.*

*Staff accompanying students on excursions will take all reasonable care while 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 that 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.*

Tick (√) or Cross (x) as applicable:

□ I have lodged the **2024 Medical Information and Consent Form** for my child.

□ Your child’s consent form must be updated and re-submitted when their health status changes. If they require medication during school hours, a Medication Authorisation and Administration record must be completed. Obtain forms from the Front Office or download from the website: <https://www.torrensps.act.edu.au/our_school/general_medical_information>

□ I understand my child will be offsite during their scheduled classes at these locations; and I will be notified prior to individual activities occurring.

□ Provide any other information to support your child’s participation in these activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Best daily contact details -** name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer**(Print)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date*\_\_/\_\_/\_\_***

***Please turn over for Privacy Policy information***

If you fill in this permission 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.