**Torrens Primary School** Ritchie Street TORRENS A.C.T. 2607

6142 0777 admin@torrensps.act.edu.au www.torrensps.act.edu.au

**2022 Junior (K-2) Gross Motor Program at Southern Canberra Gymnastics Club, Erindale**

**Anticipated group size:** 4 TPS staff; approx. 53 students/lesson **TPS** **Staff/Student ratio:** 1:13

**DATE(S):** 29 August, 5, 12 and 19 September 2022 **(Mondays from Week 7 until Week 10)**

**TIME (S): Kindy**: 11.30am-12.50pm (Lesson time: 11.45pm)

 **Year 1**: 12.15pm-1.35pm (Lesson time: 12.30pm)

 **Year 2**: 1pm-2.20pm (Lesson time: 1.15pm)

**Transport arrangements:** Buses to and from Southern Canberra Gymnastic Club, Erindale

**Cost: $ 17**

*The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or carers can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.*

**Payment and notes due back to class teacher by:** 24 August 2022 (Week 6)

*-------------------------------------------------------------------------------------------------------------------------------***Purpose of excursion:** The purpose of this excursion is to provide opportunities for our students to build upon their gross motor skills in a safe and enjoyable environment. They will learn new movement patterns and skills under the guidance of qualified gymnastics coaches at Southern Canberra Gymnastics Club. Classes are 45 minutes in duration across four Mondays, commencing in Week 7.

**Contingency:** If for some reason the program is changed you will be informed via text message.

**What to pack, bring, wear:** students must bring their normal recess and lunch to school, a filled water bottle and wear appropriate footwear (runners, socks) and shorts, track pants, leggings or skorts (no dresses, skirts or stockings).

**Staff who will be in attendance:** Students will be accompanied to and from the gym by their class teachers and assisted by our Learning Support Assistants, as appropriate.

**Behavioural expectations:** *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.*

**Excursion Risk Assessment:** including details of the Venue’s safety plans, is available to view at the Front Office.

If you have any questions regarding this excursion, please contact your class teacher via the front office. Please return the completed forms and make payment by the due date shown above.

***Lou Zeitlhofer – Executive Teacher & Justin Hughes – Physical Education Teacher***

**Torrens Primary School** Ritchie Street TORRENS A.C.T. 2607

 6124 0777 admin@torrensps.act.edu.au www.torrensps.act.edu.au

**Permission:2022 Junior (K-2) Gross Motor Program at Southern Canberra Gymnastics Club**

I give permission for my child (named below) to participate in the Junior Gross Motor Program at Southern Canberra Gymnastics Club in Erindale. I understand the program comprises four, 45-minute lessons,commencing Monday 29 August, and each Monday thereafter until 19 September unless otherwise advised; and travelling to and from the school and gym via bus.

*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.*

You should have completed a 2022 *Medical Information and Consent Form*. This form only needs to be completed once annually 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 from the front office or our website).

Will your child require medication to be administered during the excursion (e.g., antihistamine, pain relief)?

Yes [ ]  No [ ]  If yes, please complete a *Medication Authorisation and Administration Record* (available from the front office or our website).

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best daytime contact number during excursion:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(no.)

Please also provide the following information required by the Directorate:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medicare No: |  | Private Health Fund No: |  | Membership No: |  |
| Ambulance Fund: NOTE, Parents are responsible for ambulance costs outside the ACT. |  |

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class: \_\_\_\_\_\_\_\_\_\_**

**Name of Parent /Carer (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: *\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_***

**----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Payment details:** Cost per student is $17

□ On-line ([www.torrensps.act.edu.au/payment](http://www.torrensps.act.edu.au/payment)) Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *or*  □ EFTPOS \_\_/\_\_/\_\_

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.