**Excursion Information:** Year 4 ACT Legislative Assembly & Canberra Museum and Art Gallery (CMAG)

**Anticipated group size:**  4 Staff & 58 Students **Staff/Student ratio:** 1:15

**Where:** 196 London Circuit, Canberra, ACT & 176 London Circuit, Canberra, ACT

**Date:** Monday 4 March 2024 (Week 6)

**Time:** 9.30 am – 2.45pm

**Transport arrangements:** Bus

**Cost: $7**

*The school has made every effort to keep the 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 Permission due:** Wednesday 28 February 2024 (Week 5).

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**Purpose of excursion:** This excursion links to learning in the curriculum areas of Art and HASS.

**Activities:** Students will be split into groups in which they will do role-playing and a mini tour with an MLA Q&A session. We will then walk across to CMAG and have lunch and do a self guided tour.

**What to pack, bring, wear: >**Please wear school uniform and appropriate footwear

**>**A hat

**>**Packed fruit break, recess, lunch and a water bottle

**Staff who will be in attendance:** Alicia Hourigan, Genevieve Tischler, Dave Lewis and Louise Zeitlhofer.

**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:** available to view at front office on request.

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

***The Year 4 Teaching Team***

If you fill in the permission form attached, 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.

**Permission – Year 4 Trip to Legislative Assembly**

I give permission for my child to attend the Trip to Legislative Assembly on **Monday 4 March 2024**, travelling to and from the venue by **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.*

Tick (√) or Cross (x) and complete all that apply:

□ You have previously completed the **2024 Medical Information and Consent Form** for your child.

□ Ifyour child’s medical information has changed since completing this Medical Information and Consent Form, please **update this with the Front Office prior to the excursion**.

□ If your child requires medication to be administered during the excursion (e.g. antihistamine, pain relief) please complete a **Medication Authorisation and Administration Record** available from the Front Office.

**□ In case of an emergency during the excursion:**

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following information:

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

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

**Parent /Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: *\_\_/\_\_/\_\_\_***

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**Payment details: $7**

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