**Torrens Primary School**

Ritchie Street TORRENS A.C.T. 2607

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

**Year 5 Excursion to Birrigai Outdoor Education Centre - Information for Parents**

**When:** Monday 25 July 2022 (Week 2, Term 3) – 9.30am – 2.30pm

**Transport:** Qcity Buses

**Group Size:** 66 students and four (4) staff **Staff/Student Ratio -**  1:17

**Trip Leader:** Marg Hallen

**Cost:** $ 48 per student

*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.*

**Permission and payment due:** Thursday 30 June 2022 (Week 10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of excursion:** Students will participate in a range of activities designed to support the learning of our History Inquiry. Students will immerse themselves into life on the goldfield diggings.

**Activities:** Students will visit a mock goldfield, fossick for ‘gold’ and gain an understanding of life on the diggings as well as an appreciation of events leading to the Eureka Stockade.

**Contingency:** In the case of extreme wet weather the excursion will not go ahead.

**What to wear:** hat or beanie, jumper, warm coat and sensible running/walking shoes.

**Food:** Students need to bring their fruit, a healthy snack, recess and lunch. They may also have the Birrigai-made biscuit as part of the program.

**Torrens Staff in attendance:** The Year 5 Teaching team, including Marg Hallen (Trip Leader and First Aid) and Lou Zeitlhofer (Executive and First Aid).

**Behavioural expectations:** *As with all school events we expect all students to adhere to Torrens Primary’s PBL values of being safe and respectful learners.* *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 members 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 on request from Front Office.

If you have any questions, please contact the classroom teacher via the Front Office.

By completing the 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.

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**Year 5 Excursion to Birrigai Outdoor Education Centre – Permission**

I give permission for my child (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Class \_\_\_\_\_\_\_ to attend the Year 5 excursion to Birrigai Outdoor Education on **Monday 25 July 2022**, travelling by bus as outlined in the *Information for Parents* note.

*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 and dietary 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 **2022 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 has specific dietary requirements related to medical conditions, food allergies or cultural food restrictions please complete the **Birrigai Allergens/ Restrictions form** available from the Front Office.

□ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parent/Carer name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_ / \_ /\_**

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**Payment details:-**

 **Amount due:** $48

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