

EXCURSION INFORMATION FOR PARENTS: Questacon

Dear Parents and Carers,

The following details relate to an educational excursion to **Questacon** which is being organised for **Year 6 students**.

Date:	Monday 19 August 2024
Time:	Depart Kaleen Primary 10.20am
Excursion Venue:	Questacon
Purpose of Excursion:	Explore scientific concepts as per the curriculum
Activities:	Hands on practical science experiments
Clothing and Equipment:	School uniform
Transport:	Bus
Group Size:	66
Teacher in Charge:	Mr Deane
Additional Adults:	Mr Allen and Ms Ford
Cost:	\$22.00

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 Business Manager. Please contact the front office if you would like to speak with the Business Manager.

Excursion Risk Assessment: Available at the front office

Contingency: If this excursion needs to be cancelled, students will attend usual scheduled classes at school.

Behavioural expectations: Students are expected to demonstrate our school PBL Behaviour Expectations of being a Safe, Respectful and Responsible Learner at all times.

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.

Permission Notes and Payment Slip to the front office by: Thursday 15 August 2024

Kind Regards,
Shane Deane
Classroom Teacher



Excursion Permission Note for Parents: Questacon

I give permission for my child _____ in class _____ to attend **Questacon** on **Monday 19 August 2024**, travelling by bus and other details as outlined in the Excursion Information for Parents (including contingency plans).

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.

The [Medical Information and consent](#) form only needs to be completed once/year prior to the first excursion 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 through the front office).

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

Yes No

If yes, please complete a *Medication Authorisation and Administration Record* (available through the front office).

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

Please provide the following information:

Medicare No:		Private Health Fund		Membership No	
Ambulance Fund:	Parents are responsible for ambulance costs outside the ACT				

Parent/Carer: (please print): _____ Mobile Contact on the day: _____

Parent/Carer: (please sign): _____ Date: _____

Permission Notes due: Thursday 15 August 2024

PAYMENT SLIP

I am paying the amount of \$22.00

Student Name: _____

Payment options

Please note that our preferred method of payment is via [Quickweb](#).

- [Quickweb](#) - Payment made on _____ (date) _____ (reference no.)
This is a Westpac online payment option accessed through the school website that makes a payment direct to the school's bank account. Payments can be made using a Visa or Mastercard for any school event or contribution. Please use the FEE CODE below and your child's Student Key as your reference. Student Key is usually the first 5 letters of the student's surname and the first letter of their first name.
- Cash
- Credit Card – Payments may be made in person at any time between 8.30am – 3.00pm at the office.
- Sentral Pay by EziDebit
Payment made on _____ (date) _____ (reference no.)

Fee Code: Questacon

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.