

**Canberra Excursion** 



Tuesday, 1st May 2018

Dear Parents,

Year 6 will be participating in a three day excursion to Canberra on Monday 28th May to Wednesday 30th May. This is part of our unit on Australian Government and should be an enriching and informative experience.

Accommodation will be at the Canberra Park Resort, Canberra. We will be travelling by coach, departing school at <u>7:00am</u> on the Monday morning (**all children need to be at school by 6:45am sharp**); returning to school at approximately 8:15pm on Wednesday evening. There will be a scheduled stop at Goulburn for morning tea on the first day and another short stop on the return journey.

The cost of the excursion, including travel to and from Canberra by air-conditioned coach, accommodation, most meals and entry costs to all venues are included in your school fees.

Would you please complete the attached permission slip and return to school by Friday, 4<sup>th</sup> May, as we need to confirm final numbers by this date.

We look forward to sharing this wonderful experience with the students of Year 6.

Yours sincerely,

Mrs Cheryl Brown Principal Mrs Cignarella, Mrs Lazare Miss Dingemans & Miss Gutierrez YEAR 6 TEACHERS



## **BEHAVIOUR CONTRACT**

This contract is to ensure that you are aware of the high standard of behaviour expected of you during our excursion to Canberra.

Only sign this contract if you agree to abide by the conditions contained within.

I understand that a high standard of behaviour is expected of me whilst I am on the excursion to Canberra. I will be polite and respectful in all my dealings with instructors, teachers and other adults. I will treat my peers with respect and value the property and personal possessions of others. I will conduct myself with the knowledge that foolish behaviour may result in my own injury or with that of others and that such behaviour will not be tolerated.

I will at all times be mindful of the fact that I am an ambassador of Bethany Catholic Primary School, my parents and family.

I understand that should I decide not to abide by these conditions my parents will be contacted to discuss any further action required which may include my parents collecting me from Canberra.

SIGNED: .....

(Child)

WITNESSED BY: .....

(Parent /Guardian)



## YEAR 6 CANBERRA EXCURSION MEDICAL INFORMATION

My child, ..... in ....... in ....... (class) is attending the 2018 Year 6

Signed:	
(Parent/Gu	uardian)
Parents'/Guardians'	Name/s:
Home Phone No:	Mobile Phone No:
Emergency Contact	Relationship to child
1 5	d from possible embarrassment, but not exclude him/her from the owing information is needed:
Does your child wall please specify.	x in his/her sleep, wet the bed at night, etc? YES / NO If yes,
	ors which might affect the care of your child, such as asthma, eizures?
Are there other factor allergies, diabetes, s	eizures? exposed to any communicable disease within the past 21 days? Eg.
Are there other factor allergies, diabetes, s ———————————————————————————————————	eizures? exposed to any communicable disease within the past 21 days? Eg. s etc.
Are there other factor allergies, diabetes, so Has your child been chicken pox, measles If so, which one?	eizures? exposed to any communicable disease within the past 21 days? Eg. s etc.
Are there other factor allergies, diabetes, s Has your child been chicken pox, measles If so, which one? Medic	eizures? exposed to any communicable disease within the past 21 days? Eg. s etc.
Are there other factor allergies, diabetes, s Has your child been chicken pox, measles If so, which one? Medic Doctor's name	eizures? exposed to any communicable disease within the past 21 days? Eg. s etc. cal Details
Are there other factor allergies, diabetes, so Has your child been chicken pox, measles If so, which one? Medic Doctor's name Address	eizures?exposed to any communicable disease within the past 21 days? Eg. s etc



In the event that your child suffers a headache, toothache or high temperature etc. during the excursion do you give accompanying staff permission to administer			
Panadol? YES 🗆 NO 🗆			
Parent/Guardian Name:	_Signed:		
Date:			

5. Child's Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year

6. Has your child had a tetanus shot? YES / NO If yes, when?

- 7. Has your child ever had penicillin? YES / NO If so, is he/she allergic to it or any other medication?
- 8. Do you know of any health factor that makes it advisable for your child to follow a limited programme of physical activity? If so, please explain.

9. Diet restriction, in case of health problem.

Parents will be notified immediately of any illness or accident to children and care will be given to them in accordance with parents' wishes. Additional comments of Parents: