



Open hearts • Inquiring minds



EXCURSION PERMISSION NOTE FOR PARENTS
QUESTACON EXCURSION YEAR 2

I give permission for my child _____ in Roll Group _____ to attend the Red Hill School excursion to Questacon, King Edward Terrace Parkes ACT on Wednesday 10th August 2022 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

Four horizontal lines for providing details.

Please provide the following information:

Table with 4 columns: Medicare No, Private Health Fund, Membership No, and a note: Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.

Name of Parent/Carer: (please print) _____

Signature: _____ Date: _____

Phone Contact (in the case of an emergency) _____

Our preferred method of payment is via Quickweb.

To make payment visit the Red Hill Primary School website <http://www.redhillps.act.edu.au/payment>

Click the link to Quick Web. Complete the fields with as much detail as possible noting the compulsory fields which are marked with a green asterisk (*), including the **Excursion Fee Code: QUESTACON2022**

All payments are processed securely through Westpac and can be made with a debit or credit card.

On-line payment of \$ _____ made on (date) _____

EFTPOS payment of \$ _____ processed at Front Office

Enclosed is a cheque/cash to the value of \$ _____

(Online payment is preferred, however we appreciate not everyone has internet access)

Parent/Carers name: (Please Print) _____

Parent/Carers Signature: _____ Date: _____

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.

Parent Volunteer Information

- I am available to volunteer for this excursion, and I have contacted my child's teacher. I understand it is preferred that parents/carers accompanying students on excursions are up to date with Covid19 vaccination and hold current Working with Vulnerable People registration.
- I understand I am not able to travel by bus with the students and will make my own arrangements for transport to and from Questacon.

Name: _____

Contact Phone: _____

Contact Email: _____

Yes, I have a current Working with Vulnerable People Registration Card

Card Number: _____ Expiry Date: _____

I have applied for a Working with Vulnerable People Registration Card

Signature: _____ Date: _____