



Tuesday 11th October

Dear Parents/Carers,

Please complete the attached permission note and medical information then return it to the office by **Friday 28th October**.

Title	Year 3 Australian Museum and ANZAC Memorial Excursion
Brief Description	To complement our History and Literacy program, Year 3 will be attending the Australian Museum and the ANZAC Memorial in Hyde Park.
Venue	Australian Museum 1 William Street, Sydney NSW ANZAC Memorial Southern end of Hyde Park, Sydney NSW
Day and Date	Friday 11 th November 2022
Cost	\$15 per student will cover the cost of coach transport
Time of departure and return	Bus departs school at 9:00am and returns at 2:50pm
Transport	Students will travel to the museum on a bus coach with seatbelts.
Accompanying staff	Mrs Hoyle, Miss Smith, Mrs Dyga
Staff member with CPR training & emergency care training	All attending teaching staff
Dress requirements and what to bring	Children should wear their full school uniform with sensible walking shoes. Students will need to bring their recess, lunch and a water bottle.
Organising Teacher	Mrs Hoyle

Louise Hoyle
Organising Teacher

Toni Skinner
Principal

In line with the 'School Positive Behaviour for Learning Program (PBL)' any child whose behaviour is deemed unsatisfactory will be withdrawn from this planned activity. This decision will be made by the Senior Executive after referral from the organising/class teacher. The parents and child will be informed if attendance is refused

Excursion Consent Form

Year 3 Australian Museum and Remembrance Service Excursion Permission note and payment due to the office by Friday 28th October

General Permission Details

- ☐ I give permission for my child _____ of class _____ to participate in the Year 3 Australian Museum excursion on Friday November 11.
- ☐ My child will be travelling to and from the Australian Museum by coach and the cost will be \$15 per student.

Payment Options (Please circle one amount and include online receipt number if required)

Payment Options (Please tick one amount and include online receipt number if required)

Date: _____ Payment for: _____

Student Name: _____ Class: _____

- ☐ I enclose **Cash** amount of \$ _____
- ☐ I paid by **EFTPOS** amount of \$ _____ Please attend the School office to pay by eftpos at the Counter.
- ☐ I have paid **ONLINE** via the school website for the amount of \$ _____
My receipt number is _____ Date: _____

List existing medical conditions or illnesses (include anaphylaxis, asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

- ☐ I give/do not give permission for my child to receive medical treatment in case of emergency.

Parent/Carers name _____ Contact number on the day _____

Parent/Carers signature _____ Date _____

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and carers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area, and state school sport associations when deciding whether additional cover, above that provided by Medicare, is required.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.