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## National Dinosaur Museum Year 1 excursion

Dear families

As part of our science investigation, students in Year 1 will be visiting the National Dinosaur Museum on Friday 13 August 2021. They will work with museum staff to learn about and make a fossil cast and have a tour through the museum itself. Students will be accompanied by class teachers and assistants.

The chartered bus will be departing from Farrer Primary School at 9:15am and will be leaving the Dinosaur Museum at 12:30pm.

Should you need to contact your child or their teacher on the day, we ask that you please call the school on 6142 0860 and they will pass on a message.

- Where:** National Dinosaur Museum, 6 Gold Creek Road Nicholls ACT 2913.  
**When:** Friday 13 August 2021  
**Transport:** Bus  
**Time:** Depart School 9:15am Arrive at National Dinosaur Museum 9:45am  
Depart National Dinosaur Museum 12:30pm Arrive at school 1:00pm  
**What to bring:** Fruit break, water bottle and a small packed lunch. We ask that all items be clearly labelled.  
**What to wear:** Full school uniform  
**Cost:** \$20.00 (cost is including the program \$10.00 and the bus \$10.00)

Students are required to demonstrate our school values of excellence, innovation, sustainability, inclusion and support and show the expectations by being safe, respectful, responsible learners during this experience.

An excursion risk assessment has been prepared and is available on request.

We ask families to please return permission note and payment to the front office by **Tuesday 10 August 2021**.

*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.*

Kind regards,

Lara Wilson and Emily Craggs  
Year 1 teachers  
15 July 2021

## Excursion Permission Note for Parents

I give permission for my child \_\_\_\_\_ in year 1C / 1W to attend the **Farrer Primary School** excursion to the **National Dinosaur Museum** on **Friday 13 August 2021** travelling by **chartered bus** and other details as outlined in the Excursion Information for Parents.

*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

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Please provide the following information:

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

Name of Parent/Carer: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### In case of emergency

Contact person on the day: \_\_\_\_\_

Contact person's best phone number on the day: \_\_\_\_\_