

Yarrudhamara Creations Incursion

DESCRIPTION:

As part of our continuing exploration of Indigenous perspectives we are having an incursion visit from Kristie Peters of Yarrudhamarra Creations. Kristie is a local Wiradgari woman. The Yarrudhamarra program aims to keep children fascinated and engaged with hands on experiences, including – boomerang painting, face painting, Aboriginal symbols, artefacts and tools, didgeridoo performance/traditional dancing and a Dream time story.

DATE:

Tuesday 30 October 2018
Joeys & Possums
Wednesday 31 October 2018
Echidnas

SESSION TIME:

10.30 am – 12.00 pm

RETURNING APPROX:

N/A

VENUE:

Monash School

TRAVEL ARRANGEMENTS:

N/A

COST PER STUDENT:

\$ 5.00

CLASSES INVOLVED:

Joeys, Possums & Echidnas

TEACHER IN CHARGE:

Ronnie Pearce

ITEMS TO BRING:

N/A

ADDITIONAL INFORMATION:

A Risk Management Plan is available for this excursion upon request.

If you would like more information please visit:

www.facebook.com/Yarrudhamarracreations/



PAYMENT OPTIONS:

Pay using your credit/debit card by:

1. Visiting the following link:

www.monashps.act.edu.au/payment

2. Follow the instructions on our Westpac Quickweb form, including the fee code: 8133

Alternatively, you may wish to pay in person by EFTPOS at the Front Office.

Please keep this information page, then complete the permission form and return it to the front office (with payment) by Monday 29 October 2018



Yarrudhamara Creations Incursion

PLEASE RETURN TO THE FRONT OFFICE BY Monday 29 October 2018

Student Name: _____ Class: _____

I hereby consent to my child attending the **Yarrudhamara Creations Incursion** on 30/10/18 Joeys & Possums & 31/10/18 Echidnas

Fee Code: 8133 Cost: \$5.00

Please check the appropriate boxes:

- I have read and understand the attached information page for the event/incursion and I consent to the payment. *PLEASE NOTE: If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (ETD) (Monash School). This information is necessary for us to be able to manage student participation in incursions, 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.*

The school should be notified by 9.00am on the day of the incursion if a student is unable to attend.

- I confirm payment of \$ 5.00 via Westpac Quickweb (<http://www.monashps.act.edu.au/payment>) using MAZE Reference 8133
- I understand that the ACT Government (the Territory) does not meet all claims for injury, disease or illness to students resulting from school activities or school organised excursions. Claims are only met where there is a liability to do so. Liability is not automatic and depends on the circumstances in which the injury was sustained. I understand I should obtain my own advice about insurance protection which may assist in meeting expenses if my child is injured in circumstances where there is no liability on the part of the Territory. The ACT Ambulance Service provides free ambulance transport for students who are injured or suddenly become ill at school or during school-approved activities within the ACT. Excursions to states and territories outside the ACT are not covered by free ambulance transport.
- In serious cases where medical attention is necessary, and a parent/carer is not available, I authorise the school to make arrangements for the welfare of my child (including transport and medical/surgical treatment).
- I agree that my child/children will be under the authority of the school for the duration of the incursion and that the school is authorised to return the student home at the expense of the parent/carer if the school considers that circumstances warrant such action.
- The medical information and emergency contact numbers for my child/children held at the school are correct and up to date.
- I need to **UPDATE** the information held at the school as follows: *(ONLY FILL IN IF THE SCHOOL DOES NOT HAVE THIS INFORMATION)*
 - Parent/Carer #1 Contact Number: _____
 - Parent/Carer #2 Contact Number: _____
 - Home Telephone Number: _____
 - Please change my "Other Emergency Contact" to: *(please include full name and contact number)*

Full Name of Parent/Carer: _____

Date: _____

