

Preschoolers Visit Erindale Library for Story Time

DESCRIPTION:

Students will visit Erindale Library during National Science Week to participate in a science themed Story Time. The session will encourage a love of books and lifelong use of libraries. It will focus on fun and creativity, children will learn pre-reading skills, listening and language skills, and an understanding of subjects and concepts e.g. daily life, the environment, animals, occupations and seasonal events. Students will travel by an ACTION bus to and from the Erindale Library.

DATE:

Tuesday, 15 August 2023 Poss/Joey's
Friday, 18 August 2023 Echidnas

DEPARTING AT:

9.45 am

RETURNING APPROX:

12.00 pm

VENUE:

Erindale Library, McBryde Crescent, Wanniasa

TRAVEL ARRANGEMENTS:

ACTION Bus

COST PER STUDENT:

\$ No cost for bus

CLASSES INVOLVED:

Preschool

TEACHER IN CHARGE:

Ronnie Pearce/Emma Reid

ITEMS TO BRING:

Items for a regular day at Preschool.
Please make sure your child has a water bottle, SunSmart hat, walking shoes and a warm coat.

ADDITIONAL INFORMATION:

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

Anticipated number of Students –
41 (Possums & Joeys), 20 (Echidnas)
Anticipated number of Educators – 4 staff on
15 Aug and 2 staff on 18 Aug.

First Aid: all staff

PAYMENT OPTIONS:

There is no cost for this excursion.



Please keep this information page, then complete the permission form and return it to the front office by Friday, 11 August 2023

Preschoolers Visit Erindale Library for Story Time

PLEASE RETURN TO THE FRONT OFFICE BY Friday, 11 August 2023

**Student
Name:**

Class:

I hereby consent to my child attending **The Preschool Visit to Erindale Library for Story Time** on **Tuesday, 15 August 2023 for Possums/Joey's and Friday, 18 August 2023 for Echidnas.**

Cost: NIL

Please check the appropriate boxes:

- I have read and understand the attached information page for the event/excursion, and I consent to the travel arrangements. *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 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.*
- The School should be notified by 9.00 am on the day of the excursion if a student is unable to attend.**
- 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 excursion 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 Contact Number Name: _____ Number: _____
- Parent/Carer Contact Number Name: _____ Number: _____
- Home Telephone Number: _____
- Please change my "Other Emergency Contact" to: *(please include full name and contact number)*

Full Name of Parent/Carer:

Date: