



KINDER & YEAR 1 – CANBERRA THEATRE - 'HICCUP' MUSICAL

DESCRIPTION:

Kinder and Year 1 students will view the 'Hiccup' Musical at Canberra Theatre as part of the school's performing arts and English curriculum programmes. Hiccup is a hilarious rocking, outback adventure about working together, finding friendship and how to find the great hiccup cure.

DATE: DEPARTING AT: RETURNING APPROX:

Friday, 28 July 2023

9.15 am

11.30am

VENUE:

Canberra Theatre London Circuit, Canberra **TRAVEL ARRANGEMENTS:**

Bus and entry

COST PER STUDENT:

CLASSES INVOLVED:

TEACHER IN CHARGE:

\$ 21.00

All K and Year 1 classes

Brittany Ashman

ITEMS TO BRING:

Please provide a fruit break snacks and a drink bottle for the morning in a clearly labelled plastic bag.

ADDITIONAL INFORMATION:

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



No. Students: 130

No. Staff: 8

First Aid: Brittany Ashman

PAYMENT OPTIONS:

Pay using your credit/debit card by: Visiting the following link:

www.monashps.act.edu.au/payment
Follow the instructions on our Westpac
Quickweb form, including the fee code:
Hiccup

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 by Friday, 30 June 2023





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Stud	lent Name:		<mark>Class:</mark>
	I hereby consent to my Kinde formance at Canberra Theatr		-
Cost: \$21.00		Code: Hlccup	
Pleas	e check the appropriate boxes:		
	arrangements. PLEASE NOTE: If you fill in handled by the ACT Education Directoral	in this form, your personal inj ate (ETD) (Monash School). T. ions, and support the welfare	vent/excursion, and I consent to the travel formation and that of your child will be collected and this information is necessary for us to be able to and safety of your child. If you do not consent to the in the excursion.
	I confirm payment of \$ 21.00 via Westpac Quickweb (http://www.monashps.act.edu.au/payment) Ref Code: Hiccup		
	I understand that the cost of buses is non-refundable as prices are determined by the total number of children travelling. If my child is unable to attend the excursion, and I require a refund (less bus fare), I should make a request in writing, within a week after the excursion to the Business Manager.		
	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: (FILE	L IN IF CONTACT NUMBERS ARE NEW)
	Parent/Carer Contact Number:	Name:	Number:
	Parent/Carer Contact Number:	Name:	Number:
	Home Telephone Number:		
	Please change my "Other Emerge	ency Contact" to: (please incl	lude full name and contact number)
			1 [
Ful	l Name of Parent/Carer:		Date: