

Duffy Primary School

Respect, Responsible, Inclusive



14 August 2024

Excursion Permission Note for Parents Floriade Performance

I give permission for my child	<i>o</i> ,	
I agree to my child participating in the activities associated with with my child the need for expected behaviour on this excursion. welfare of my child (including medical or surgical treatment) in an have provided to the school all medical information relevant to my	I authorise the school to make arrangements for the emergency and I agree to meet the associated costs. I	
I agree that my child will be under the authority of the school for authorised to return my child to school or home at my expense if action. I give permission for my child to travel by private car, driver	the school considers that circumstances warrant such	
The <u>Medical Information and consent</u> form_only needs to be unless there are changes to the details on this form. Are the		
Yes No		
If yes, an updated <i>Medical Information and Consent Form</i> is front office).	required to be completed (available through the	
Will your child require medication to be administered during relief)?	ng the excursion (e.g. allergy medication, pain	
Yes No		
If yes, please complete a <i>Medication Authorisation and Adm</i> office).	ninistration Record (available through the front	
Is there any additional information you need to provide to excursion?	support your child's participation in this	
Yes No		
If yes, please provide these details:		
Please provide the following information:		
Medicare Number:		
Private Health Fund:	Membership No.:	
	·	
Ambulance Fund: Parents are responsible for ambulance co	osts outside the ACT.	
Name of Parent/Carer: (please print)		
Signature:		
(If applicable, please complete)		

Address: Burrinjuck Cres, Duffy ACT, 2611 Email: admin@duffyps.act.edu.au Phone: 61422510



Payment Slip

I am paying the amount of \$	Student Name:	
☐ Electronic Funds Transfer to our bank account		
Acct name: Duffy Primary School		
BSB: 032777		
Acct no: 001228		
Reference: FLORIADE		
Please email details of payment to alice.lollback@ed.act.edu.au when completed		
Quickweb via our school website (Please use your Family Key, Student key and Click or tap here to enter text. as the identifier)		
☐ Credit Card by telephone to the school office <u>02 6142 2510</u> , via the payment tab on our school website or by completing your details below and returning to the school office		
Card No:	Expiry Date:	
Name on card (<i>Please print</i>):	Signature:	
☐ Cash or Cheque at the school office		

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us 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. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints

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