

Duffy Primary School

Respect, Responsible, Inclusive



25 November 2024

Year 6 Parliament House Excursion Permission Note for Parents

I give permission for my child ______ in year 6 to attend the school excursion to Parliament House on **November 25th, 2024** travelling by bus and other details as outlined in the Excursion Information for Parents (including contingency plans).

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 <u>Medical Information and consent</u> 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 Conser	nt Form is	required to	be completed	(available	through t	ne 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

Please provide the following information:

Medicare No:		Private Health Fund:		Membership No	
Ambulance Fund:					

 Name of Parent/Carer: (please print)

 Signature:

Date:



Duffy Primary School

Respect, Responsible, Inclusive



25 November 2024

Payment Slip

I am paying the amount of \$ ______ Student Name: ______ Class______

for the excursion to Parliament House.

Payment via Parent Portal.

Payment via Electronic Funds Transfer
 (Please include activity identifier PHOUSE and student name)

Payment via **Quickweb**(Please include activity identifier PHOUSE and student name)

Payment via Credit Card by telephone to the school front office 6142 2510, via the payment tab on our school website, or in person at the school office.
 (Please include activity identifier PHOUSE and student name)

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. The policy is available on the Directorate's website (<u>www.det.act.gov.au</u>) on the About Us page.