

## **Duffy Primary School**

Be Respectful, Responsible, Inclusive



15 October 2024

## **ACT Primary Schools Beach Volleyball Gala Day**

Dear parents and carers,

The following details relate to an educational excursion to The ACT Primary Schools Beach Volleyball Gala Day which is being organised for Year 5 students who have indicated an interest in participating.

Location: ACT Beach Volleyball Facility, Thurbon Rd, Lyneham ACT

Dates/time: Friday, 8 November 2024 9:00 AM-3:00 PM (game schedule to be confirmed)

Students should arrive at the venue by 8:45am, and be collected from the venue at the end of the gala day. There is no bus or other transport organised by the school.

Purpose of excursion: Year 5/6 Beach Volleyball Gala Day

Activities: Mixed teams beach volleyball games

Clothing and Equipment: School uniform suitable for playing, sunsmart hat, water bottle,

sunscreen, packed lunch and snacks

**Transport:** Parent/carer private transport.

Excursion Organiser/Leader: Chris Currie and Carla Magro

**Cost:** \$10

The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

Notes and money to Duffy Primary School front office by: Friday, 25 October 2024

Excursion Risk Assessment: Available at the front office

**Contingency:** In the event of bad weather the event may be cancelled or postponed. Families will be informed via the most appropriate method.

**Behavioural expectations:** Students are expected to demonstrate our school values of being Respectful, Responsible and Inclusive at all times during this excursion.

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

It is the responsibility of the driver to ensure that he/she carries the required driver's licence, that the vehicle is registered and insured, is roadworthy, and the number of passengers does not exceed the seat belt provision of the vehicle.

Kind Regards,

Chris Currie and Carla Magro



## Excursion Permission Note for Parents ACT Primary Schools Beach Volleyball Gala Day

	or child	n 8 November 2024 t	- ,
I agree to my child particip with my child the need for welfare of my child (includi	pating in the activities associated with this expected behaviour on this excursion. I a ing medical or surgical treatment) in an em al all medical information relevant to my ch	uthorise the school to re nergency and I agree to i	nake arrangements for the meet the associated costs. I
authorised to return my ch	be under the authority of the school for the object of the school or home at my expense if the real of the second of the s	school considers that c	ircumstances warrant such
	n and consent form only needs to be cost to the details on this form. Are there		
Yes No			
If yes, an updated <i>Medic</i> front office).	cal Information and Consent Form is rec	quired to be complete	d (available through the
Will your child require n relief)?	medication to be administered during	the excursion (e.g. all	ergy medication, pain
Yes No			
If yes, please complete a office).	a Medication Authorisation and Adminis	stration Record (availa	able through the front
Is there any additional in excursion?	nformation you need to provide to su	pport your child's par	ticipation in this
Yes No			
If yes, please provide the	ese details:		
Please provide the follow	wing information:		
Medicare Number:		1	
Private Health Fund:		Membership No.:	
Ambulance Fund: Parer	nts are responsible for ambulance cost	s outside the ACT.	
Name of Parent/Carer	: (please print)		
Signature:		Date:	

Address: Burrinjuck Cres, Duffy ACT, 2611 Email: <a href="mailto:duffyps@ed.act.edu.au">duffyps@ed.act.edu.au</a> Phone: 61422510



	Payment Slip		
I am paying the amount of \$	Student Name:	Class	
To attend the ACT Primary Schools Beach	າ Volleyball Gala Day.		
☐ Payment via <b>Parent Portal.</b>			
☐ Payment via <b>Electronic Funds Transfe</b> (Please include excursion/activity identif			
☐ Payment via <b>Quickweb</b> (Please include excursion/activity identif	ier and student name)		
☐ Payment via <b>Credit Card</b> by telephone school website, or in person at the school (Please include excursion/activity identif	ol office.	ce 6142 2510, via the payment tab o	n our

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 (<a href="https://www.det.act.gov.au">www.det.act.gov.au</a>) on the About Us page.

Address: Burrinjuck Cres, Duffy ACT, 2611 Email: <a href="mailto:duffyps@ed.act.edu.au">duffyps@ed.act.edu.au</a> Phone: 61422510