**2024 Preschool Local Community Walks**

Students will participate in several community walks around the Franklin School area including visits to the recreation park next to the school. The purpose of this note is to provide you with information about the walks and what is expected of your child.

|  |  |
| --- | --- |
| **Destination:**  | Franklin school area including the adjacent recreation park |
| **Date:**  | Various dates during 2024 |
| **Cost:**  | Nil |
| **Time:**  | Various times  |
| **Transport:** | Walking |
| **Staff Contact:**  | Classroom teachers |
| **Supervisory Staff:**  | Classroom teachers and educators |
| **Ratio** | 11:1 |

Staff accompanying students on the excursion 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 the 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.

Kind regards,

Kate Flynn

Principal

**2024 Preschool Local Community Walks**

I understand that the authorisation that I am giving allows my child participation in regular outings including local walks from the preschool site. This authorisation is current for the school year 2024.

I give permission for my child in class to attend regular outings from the preschool site in the local neighbourhood.

*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.*

Have there been any changes in your child’s medical status since you last provided the school medical information?

Yes No

*If yes, an updated* [*Medical Information and Consent from*](https://www.franklinschool.act.edu.au/__data/assets/pdf_file/0006/455334/Medical-Information-and-Consent-Form.pdf) *is required (or available at the 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 (or available at the front office).](https://www.franklinschool.act.edu.au/__data/assets/pdf_file/0007/455335/Medication-authorisation-administration-record.pdf)*

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 to your child’s teacher.

Please provide the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medicare No: |  | Private Health Fund:  |  | Membership No:  |  |
| Ambulance fund: Parents are responsible for ambulance costs outside the ACT |  |

**Name of Parent/Carer (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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 (www.det.act.gov.au) on the About Us page.*