

## **Excursion Information for Parents: Diamond program walking to Amaroo Shops**

Dear Parents and Carers,

The following details relate to an ongoing educational excursion for **Diamond program students** to visit the **Amaroo shops** to consolidate and practice life skills in shopping, ordering and personal safety.

**Dates:** Throughout the year.

**Note:** We will advise via email the day before when we are going to the shops. This will allow students to bring some money if they wish.

**Time:** During class time

**Purpose of excursion:** To visit the Amaroo shops and purchase items.

**Activities:** Walking and shopping

**Clothing and Equipment:** School uniform, comfortable shoes, drink bottle and hat

**Group Size:** 8

**Teacher in Charge:** Emma Spencer, Barb Galbraith, Rob Farrell, Barbara Galbraith, Natalie Christian, John Hohnke, Callum Cambourne.

**Additional Adults:** LSA's

**Cost:** No Cost

**Notes to Amaroo School front office by:** Friday, 24 March 2024

**Excursion Risk Assessment:** Available at the front office

**Contingency:** If for any reason we don't go walking students will remain in their normal classes with their teachers.

**Behavioural expectations:** Students are expected to demonstrate our school PBL Behaviour Expectations of being a Safe, Respectful and Responsible Learner at all times.

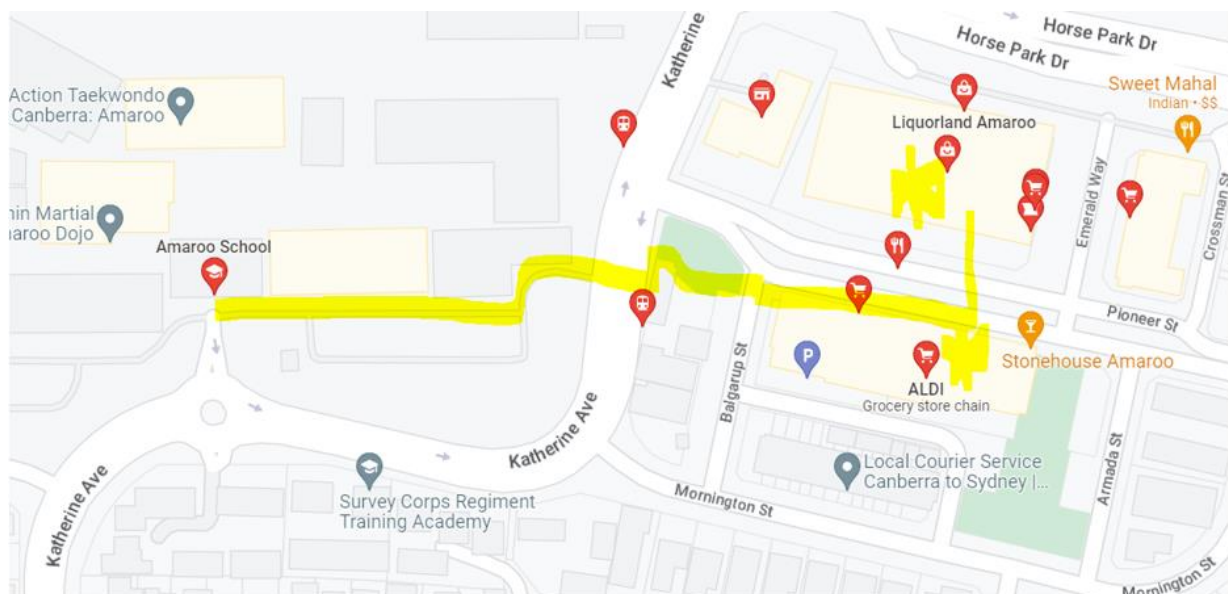
**Packing list and Additional Information:** We will email all families involved the day before we go to the shops so that everyone is informed.

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.

Kind Regards,

Emma Spencer  
Inclusion Support Teacher



## Excursion Permission Note for Parents: Diamond program walking to Amaroo Shops

I give permission for my child \_\_\_\_\_ (full name) in year \_\_\_\_\_ to attend the Amaroo School excursion for **Diamond program students** to the **Amaroo Shops** during class time throughout the year 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 Medical Information and Consent 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 Consent Form* is required to be completed (available through 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* (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

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Please provide the following information:

Medicare No (please include the Reference No. next to your child's name)	Private Health Fund:	Membership No
Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.		

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

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