

MILES FRANKLIN PRIMARY SCHOOL

Achieving Educational Excellence in a Caring Environment



Alderman St Evatt, ACT 2617 – Ph: 6142 2770 – Web: www.mfps.act.edu.au

PARENT CONSENT FORM – Canberra Theatre

Departure Date	04.07.2019	Arrival Time	12:00pm (pick up 11:30am)
		Return Time	2:30pm (pick up 2:00pm)
Event Location	CANBERRA THEATRE - LONDON CCT CANBERRA CITY		
Classes Involved	3BW, 3CM, 3MK, 4AS, 4LD and 4KW		
Mode of Transport	Bus	Cost per Student	\$25
Purpose	This excursion is connected to learning for the Unit of Inquiry: <i>How we express ourselves</i>		
Participating Staff / Parents	Tony Merritt, Ben White, Mette Kragh, Cherie Marshall, Louise Dykes, Amy Seymour & Kaili Witherdin		
Emergency Phone	02 6142 2770		
Excursion Requirement			
<ul style="list-style-type: none">• Small bag (like a library bag) with a small snack for recess and a drink bottle.• Students need to wear full school uniform.			

Chris Jones
PRINCIPAL

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.

The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however there is insufficient total funding available to meet the cost of the camp/excursion, regrettably we may not be able to proceed.



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PLEASE RETURN TO THE FRONT OFFICE BY Tuesday, 4 June 2019

Child's Name _____ Class Teacher _____

I consent to my child attending *the Canberra Theatre* on 4/07/2019.

Please tick the appropriate boxes:

I have enclosed \$25 in full payment; direct debit can be made to the Miles Franklin Primary School Management Account: BSB: 032-777, Account: 001666, please include a reference comment.

I will be paying cash direct deposit Quickweb Fee Code: CBT

I authorise for the teacher in charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency.

MEDICAL CONDITION

****Please update any medical information which has changed after submitting the medical form in February 2019 or any updated medical forms submitted since then. If in doubt as to whether we have the correct information, please check with the front office prior to the excursion. SOME EXCURSIONS REQUIRE MEDICAL FORMS TO BE COMPLETED AGAIN (SUCH AS CAMPS AND AQUATIC ACTIVITIES).***

I agree to meet the costs associated with any emergency arrangement made by the teacher in charge – free ambulance transportation only applies in the ACT.

I agree that the student will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action.

I agree to the student travelling by private car, driven by a staff member or parent as the case may be.

I have read the attached information regarding this excursion and understand what it contains.

Full Name of parent/carer: _____
(please print)

Signature of parent/carer: _____ Date: ____/____/____

Contact phone number/s: _____

If you have recently updated your residential address; contact phone number; email address, then please let the Front Office know or email at info@mfps.act.edu.au