

22 June 2021

## **Kindergarten Excursion – National Zoo and Aquarium Friday 3 September 2021**

Dear Parents,

Kindergarten will be going on an excursion to the **National Zoo and Aquarium** to support their learning in Term 3.

**When:** Friday 3 September 2021

**Where:** National Zoo and Aquarium, 999 Lady Denman Dr Yarralumla ACT 2611

**Transport:** Bus

**Departing:** from school at **9:00am sharp**

**Returning:** approximately 2:30pm in time for normal afternoon arrangements

**Cost:** \$20.00 per student

**Supervision:** QEPS Staff

**What to bring:** Students will be required to bring their school hat, fruit break, morning tea, lunch and water bottle in a plastic bag clearly labelled with their full name and class.

**Notes and payment must be returned by Friday 27 August 2021.  
No late notes or payment will be accepted.**

Kind regards,

Bronte Copland  
Excursion Coordinator

Danny Scott  
Principal

# Kindergarten Excursion – National Zoo and Aquarium

Permission Note and Medical Information form due by **Friday 27 August 2021.**

I hereby consent to my child \_\_\_\_\_ in class \_\_\_\_\_ attending the **National Zoo and Aquarium** excursion on **Friday 3 September 2021.**

I understand that my child will be travelling to and from the **National Zoo and Aquarium** by bus.

- I have enclosed payment of **\$20.00** cash / cheque OR
- I have made an Online Payment Receipt No: \_\_\_\_\_ Date paid: \_\_\_/\_\_\_/\_\_\_

**Online Payment Details:**

In 'Payment Options' please select **Excursions**  
In 'Payment Description' please insert **National Zoo**

Parent/Caregiver's Name: \_\_\_\_\_

Contact phone numbers: \_\_\_\_\_ Mob: \_\_\_\_\_

I **grant / do not grant** (please circle) permission for photos of activities undertaken at the National Zoo and Aquarium that include my child to be used in publications and media reports (for educational or promotional purposes)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Medical Information

Does your child suffer from any medical condition? (asthma, diabetes, epilepsy, etc.) Please note details of any medical management program that staff may need to be aware of.

\_\_\_\_\_  
Give details of any medication (and dispensing routine) that your child is currently taking.

\_\_\_\_\_  
Give details of any allergy your child has to common foods, plants, insect bites, medications (eg. Penicillin)

\_\_\_\_\_  
Is there any other health related information that we may need to be aware of that may impact on any of the activities undertaken during the activity?

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_