

Principal: Danny Scott

22 June 2021

Stage 1 Excursion – National Zoo and Aquarium Wednesday 1 September 2021

Dear Parents,

Stage 1 will be going on an excursion to the **National Zoo and Aquarium** to support their learning in Term 3.

| When: | Wednesday 1 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 Wednesday 25 August 2021. No late notes or payment will be accepted.

Kind regards,

Bronte Copland Excursion Coordinator Danny Scott Principal

Stage 1 Excursion – National Zoo and Aquarium

Permission Note and Medical Information form due by Wednesday 25 August 2021.

| I hereby consent to my child | in class |
|--|--|
| attending the National Zoo and Aquarium excursion on Wedn | iesday 1 September 2021. |
| I understand that my child will be travelling to and from the Nati | onal Zoo and Aquarium by bus. |
| □ I have enclosed payment of \$20.00 cash / cheque O | R |
| □ I have made an Online Payment Receipt No: | Date paid:// |
| Online Payment Deta In 'Payment Options' please sele In 'Payment Description' please ins | ct Excursions |
| Parent/Caregiver's Name: | |
| Contact phone numbers: Mo | bb: |
| I grant / do not grant (please circle) permission for photos or and Aquarium that include my child to be used in publications a promotional purposes) | |
| | |
| Signed: | Date: |
| Signed: Medical Information | Date: |
| | |
| Medical Information | abetes, epilepsy, etc.) Please note details of |
| Medical Information Does your child suffer from any medical condition? (asthma, dia | abetes, epilepsy, etc.) Please note details of vare of. |
| Medical Information Does your child suffer from any medical condition? (asthma, dia any medical management program that staff may need to be av | abetes, epilepsy, etc.) Please note details of vare of. ur child is currently taking. |
| Medical Information Does your child suffer from any medical condition? (asthma, dia any medical management program that staff may need to be av Give details of any medication (and dispensing routine) that you | abetes, epilepsy, etc.) Please note details of vare of. ur child is currently taking. nts, insect bites, medications (eg. Penicillin) |

"Accurate and current medical and contact information is required for the safety of students attending this activity. This information will be held by the teacher-in-charge of the excursion and will not be used for any other purpose. The information may be disclosed to other agencies in the event of an emergency or if medical treatment is required. The information will be treated confidentially and will be destroyed at the conclusion of the excursion"