



**Sacred Heart  
Primary School**

29 Murphy Street Pearce, ACT 2607  
Phone: (02) 6286 2443

**Stage 1 Excursions to Canberra Airport**

**When:** Monday, 15<sup>th</sup> or Tuesday 16<sup>th</sup> October 2018

**Where:** Canberra Airport

**Who:** Stage 1

**Time:**

Monday, 15 <sup>th</sup>	<b>1/2R</b> Depart Sacred Heart	10.00 am	Return 12.30pm
	<b>1/2 N</b> Depart Sacred Heart	12.30 pm	Return 2.30pm
Tuesday, 16 <sup>th</sup>	<b>1/2W</b> Depart Sacred Heart	10.00 am	Return 12.30pm
	<b>1/2 S</b> Depart Sacred Heart	12.30 pm	Return 2.30pm

**Cost:** This excursion is covered by the Activity Fee, no payment needed.

**Uniform:** School uniform.

**Food:** Normal packing – eating at school. (Lunch orders kept in canteen)

**Supervision:** Stage 1 classroom teachers will accompany the students.

**Parent Helpers:** We would appreciate two parents from each class to assist with supervising small groups. We cannot accommodate younger siblings this time. All volunteers must have a WWVP card or complete a statutory declaration on the day in regards to being a parent volunteer. If you would like to help, please contact your class teacher.

**Every child must return the attached permission form to their teacher by Fri 28<sup>th</sup> Sept 2018.**  
We are looking forward to a great trip – Stage 1 Teachers

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**\*EXCURSION Year 1/2 Stage 1 Excursions to Canberra Airport \*  
Consent Form to be returned by Fri 28<sup>th</sup> Sept 2018**

As a Parent/Guardian of \_\_\_\_\_ Roll Class \_\_\_\_\_

I give my consent for him/her to travel by bus to Canberra Airport to participate in the organised activities on the dates as outlined above Monday, 15<sup>th</sup> or Tuesday 16<sup>th</sup> October 2018

I agree to delegate my authority to the Staff and Instructors involved. Such Teachers and Instructors may take appropriate disciplinary action in accordance with school policy to ensure the safety, well-being and successful conduct of the students as a group, or individually in the abovementioned activities.

I also authorise the Teachers and Instructors to obtain necessary medical assistance should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I submit the medical information below about the above student and include details of limitations, which he/she has for the activities concerned. I will ensure to send to school any puffers or medication needed.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

SIGNED \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

**Medical Information** (eg Asthma, Allergy etc)