



**ACT**  
Government  
Education



An ACT Government School  
Respect / Tolerance & Inclusion / Excellence

57 Ratcliffe Crescent, Florey ACT 2615  
PO Box 223, Kippax ACT 2615

Telephone (02) 6142 2730  
Website: [www.floreyps.act.edu.au](http://www.floreyps.act.edu.au)

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### Year 5/6 Fun day 2019

Dear Parent/Carer

Due to the cancellation of camp, the year 5/6 team sought permission from the leadership team to organise a 'fun' year 5/6 fun day for their students. This was approved and we are very excited to inform our families that the year 5/6 end of year fun day will be at Jamberoo Action Park. Jamberoo is home to a range of water-based activities, for example, waterslides, river runs and water playgrounds. On arrival our students will be participating in a competency swimming test, that will determine the activities best suited for their swimming ability.

**When** Tuesday 10 December 2019

**Where** Jamberoo Action Park, 1215 Jamberoo Road, Jamberoo NSW 2533

**Time** 6:00am drop off at school – for a 6:30am departure (the bus will be leaving on time)  
5:00pm approx. time to arrive back at Florey Primary School

**Transport** Bus

**Cost** \$75.00 per student – Including entry fee to the park, lunch and bus transport (This calculation is based on 100 students attending)

**Clothing** Students are to wear full school uniform. They will need a swimming costume, swimming top, broad brim / bucket hat, sunscreen, towel and a dry change of clothes in a plastic bag.

**Food** Students will be provided **with lunch**. They are to bring recess, water, afternoon tea and appropriate snacks for throughout the day.

**Attendance** We are encouraging all our students to attend. The excursion costs may change should we have significantly less students attending.

**Behaviour** **Please note that students who are not showing respect to teachers, our environment and students may be uninvited to attend.**

We are requesting a deposit of \$25.00 to be paid and all completed permission notes, medical notes and student behaviour agreement returned by **Friday 20 September 2019**. Parents/Carers may pay in full or opt for the following payment plan:

- 1) **Friday 20 September** – first instalment of \$25.00 due
- 2) **Friday 18 October**– second instalment of \$25.00 due
- 3) **Friday 1 November - Final** instalment of \$25.00 due

All payments must be finalised by **Friday 1 November** to attend, otherwise all money paid will be refunded and your child will not attend the fun day.

Year 5/6 Team  
September 2019

## Year 5/6 Fun Day 2019

Please complete the permission note for your child to participate in the Year 5/6 Fun day at Jamberoo Action Park. Please return the form to **our front office** no later than **Friday 1 November (week 3, term 4)**

*It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. The school has made every effort to keep costs for this activity at a reasonable level. The school has a student support fund to provide financial assistance for students where parents are unable to make the requested contribution. Please speak to Bri at the Front Office or Bernadette Allen, Deputy Principal, if you require assistance.*

### Checklist:

- **I have provided the school with a completed Medical Information and Consent Form. I have also returned a Medical Action Plan if required**
  - *I authorise the teacher in charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. I agree to meet the costs associated with any emergency*
  - *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 parents/carers if the teacher in charge considers that circumstances warrant such action*
  - *I have read the information regarding the excursion and understand what it contains*
  - *I agree that if my child presents unacceptable behaviour the school will be contacted and parents/carers may be required to collect them from the venue*
  - *I am aware that my child will be travelling by bus to and from the venue*
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## Year 5/6 Fun day 2019

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the Year 5/6 Fun day at Jamberoo Action Park on Tuesday 10 December 2019, I understand that he/she will be in the care of Florey Primary staff for the day.

**Please indicate your child's swimming proficiency by ticking the matching level below:**

- Competent swimmer (independent)       Needs support       Non swimmer

**Please indicate if your child has any dietary requirements, Tick the appropriate box/s**

- Vegan*                                       *gluten free*                                       *Vegetarian*
- Food Allergies*      *Please state* \_\_\_\_\_

**Full name of Parent /Carer (please print) .....**

**Emergency Contact Number .....**

**Signature of Parent/Carer .....**

**Payment Details**

*Payment options: Cash/Cheque payable to Florey Primary School, Credit card, EFTPOS & EFT available for this excursion/activity*

Payment of \$75.00 made by the following method:

- cash enclosed with permission note
- cheque (made payable to 'Florey Primary School')
- credit card (complete details on slip below)
- by EFTPOS at school
- EFT – Date of transfer \_\_\_\_\_

BSB: **032-777** Account No: **001279** Account Name: **Florey Primary School Management Account**  
Details: **Year 5/6 Fun Day 2019** Students Name:

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Please complete the details below to authorise payment for: **Year 5/6 Fun Day 2019**

Student Name \_\_\_\_\_ Class \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

Card Type  Visa  MasterCard Amount \$ \_\_\_\_\_

Card number 

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## Jamberoo Action Park Behavioural Agreement

10 December 2019

Students are expected to behave in an appropriate manner during this excursion. They should comply with the rules and instructions. They should be considerate of, and courteous to other students, teachers and any people they come into contact with.

Each student is asked to sign an agreement to ensure that he/she is aware of the expectations. Parents are asked to discuss the rules with their children and sign the agreement to show that they have the same understanding of expectations.

### Rules to discuss with students:

- To comply with instructions being given by supervising adults
- To treat others with respect
- To stay within the boundaries and groups and act safely at all times
- To respect belongings of others and property, including venues, bus etc.

### As at school, the following behaviours are NOT acceptable:

Non-compliance, negative/disruptive behaviour, disregard of rules, abuse (verbal & physical), swearing, threatening/intimidating behaviour and misuse of property.

These rules are to keep students and adults safe. Parents should warn children of the risk to themselves, to others and property of impulsive, wilful or disobedient behaviour. The ACT Education Department's consent form reminds parents that students may be returned home, at the expense of the parent, if the school considers that circumstances warrant such action.

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### Student Agreement

I have read and understood the information about the rules and expected behaviour on this excursion. I will comply with the rules and expectations.

I understand that I am under the authority of the school for the duration of the excursion, and that the school is authorised to return me home at my parent/carer's expense if the school considers that circumstances warrant such action.

Student's name \_\_\_\_\_

Parent's name \_\_\_\_\_

Student's signature \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_



Jamberoo
Medical Information and
Consent Form

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on an excursion involving water.

A copy of each student's form must be taken on the excursion.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1998 (Cwth). Parents note that in the absence of a specific Plan standard First Aid will be administered.

Student's Surname/Family name: \_\_\_\_\_ Given/preferred name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Sex: [ ] M [ ] F

School: \_\_\_\_\_ School Year: \_\_\_\_\_ Camp/Excursion: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone Nos - Business Hours: \_\_\_\_\_

After Hours: \_\_\_\_\_ Mobile: \_\_\_\_\_

Other Contact for Emergency: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name of Student's Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Membership Number \_\_\_\_\_

Ambulance Fund: Note: Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

- [ ] Anaphylaxis \* [ ] Allergies [ ] Fits or Blackouts [ ] Nose bleeds
[ ] Asthma \* [ ] Blood pressure [ ] Hay fever [ ] Reaction to drugs
[ ] Diabetes \* [ ] Eczema [ ] Headaches [ ] Sight/hearing problems
[ ] Epilepsy \* [ ] Fainting [ ] Heart condition [ ] Sun screen sensitivity
[ ] Other \_\_\_\_\_

Describe what happens for any of the conditions ticked above

[Empty box for describing conditions]

If you have ticked any of the boxes, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes     No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

**Note:** For anaphylaxis\*, asthma\*, diabetes\* or epilepsy\* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

Date of last tetanus injection: \_\_\_ / \_\_\_ / \_\_\_\_

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last four weeks?      Yes  No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion \_\_\_\_\_

Is the student presently taking any medication?      Yes  No

If Yes, please state name of medication, dosage, etc: \_\_\_\_\_

**NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.**

Parents must give written permission and directions for the administration of any medication taken during the excursion.

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication must be labelled with the student's name, dosage and frequency of administration.

Are you aware of any physical or psychological limitations of your child? Please give details.  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information which you believe may help us to provide the best possible care? \_\_\_\_\_

**Consent to medical attention.** In the case of my child requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed (Parent/Carer): ..... Date: \_\_\_ / \_\_\_ / \_\_\_\_

Signed (Parent/Carer): ..... Date: \_\_\_ / \_\_\_ / \_\_\_\_

*This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student whilst on the excursion.*

*Schools will always call an ambulance if your child's medical condition requires emergency medical assistance*