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**EXCURSION INFORMATION AND PERMISSION NOTE**

**Walkathon Friday 1 June 2018  
 (or Friday 8 June if postponed)**

Dear Parent/Carer

As you are aware the P&C annual walkathon will be held on Friday 1 June 2018. This is a whole school event and we encourage all families to get involved. Please be aware that there is no cost to walk and sponsorship/donations are welcomed.

Students in Kindergarten, years 1 and 2 will follow the same path to Lake Ginninderra that was walked in 2017, walking to Macdermott Place; years 3 and 4 will walk to Diddams Close, taking a shortcut along the side of the road to the far side of Diddams Close and years 5 and 6 will walk around the walking path to the far side of Diddams Close, returning along the same route as the year 3 and 4 students. Maps will be placed outside units at the beginning of term 2.

Staff, LSA's and volunteers from the community will accompany students. Each group will have a first aid officer with them and mobile phone contact will be kept with the school.

Please ensure that your child is dressed appropriately for the weather on the day, including a jumper if the weather is cool, and a drink bottle and morning tea.

Students must have a completed permission form below to be able to attend the Walkathon. Please complete the form and return it the **front office by Wednesday 30<sup>th</sup> May 2018**. A blue general medical and consent form must have been handed in at the school to attend this event.

**EXCURSION INFORMATION AND PERMISSION NOTE**

**Walkathon Friday 1 June 2018**

I give permission for my child \_\_\_\_\_ in Class \_\_\_\_\_ to attend the P&C Walkathon 9:15 am to 11:30 am on Friday 1 June 2018 (or in case of bad weather, Friday 8 June 2018).

*I give my authorization for 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 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 to school if the teacher in charge considers that circumstances warrant such action.*

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

Does your child have any medical condition or medication requirement that we should be aware of? Yes/No

If yes, please provide details: \_\_\_\_\_

Parent/Carer contact details on day of excursion: \_\_\_\_\_

Full name of parent/guardian (please print): \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education & Community Services.*