14 February 2017

Dear Parent/Caregiver

Canberra Excursion – Wednesday 26 April to Friday 28 April 2017

The Year 5 excursion to Canberra will take place from Wednesday, 26 April to Friday, 28 April 2017. This is a three day, two night excursion. Please note that these are the first three days of Term 2 for students.

Thank you to those families who have paid the deposit of $135, the interim payment of $100 and the balance of $100. Please ensure full payment has been made no later than 24 March 2017. (An envelope is attached for your convenience). Please contact me if you need to discuss payment arrangements.

Attached is detailed information about the Canberra trip. Also attached are forms that need to be completed and returned to your child’s class teacher by Monday, 27 February 2017.

The forms are:
- Excursion Code of Conduct
- Permission Note including dietary considerations
- Medical Information Form

If there is any aspect of the excursion that you would like to discuss with me please telephone the school on 9427 2155.

Gemma Ackroyd
Principal
Canberra Excursion for Year 5 Students
26 – 28 April 2017

I hereby give permission for my son/daughter to attend the 2017 excursion to Canberra on Wednesday, 26 April to Friday, 28 April 2017. I understand that transport to and from the event is with Murray’s Coach Company. My child has signed and returned the ‘Code of Conduct’ form and I have read and returned the medical information to my child’s class teacher.

If there are any dietary considerations that teachers need to be aware of, please indicate below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Child’s name: _____________________________________________________________

Parent/Guardian name: ___________________________________________________

Parent/Guardian signature: ________________________________________________

Date: ___________________________________________________________________
DAY 1 – WEDNESDAY, 26 APRIL 2017

6.40am Arrive at school, meet under COLA, near the Austin Street drop off zone
6.45am Roll call and load coaches
7.00am Depart from school
11.00am Arrive Canberra

<table>
<thead>
<tr>
<th>Time</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.30am</td>
<td>Electoral Education Centre</td>
<td>11.30am Lunch - supplied</td>
<td>11.30am Lunch - supplied</td>
</tr>
<tr>
<td>1.00pm</td>
<td>Lunch - supplied</td>
<td>12.00pm National Gallery Tour</td>
<td>12.30pm Electoral Educational Centre</td>
</tr>
<tr>
<td>2.00pm</td>
<td>Depart to the National Gallery</td>
<td>1.30pm Depart to Old Parliament House</td>
<td>2.00pm Depart to the National Gallery</td>
</tr>
<tr>
<td>2.30pm</td>
<td>National Gallery Tour</td>
<td>2.00pm Electoral Education Centre</td>
<td>2.30pm National Gallery Tour</td>
</tr>
</tbody>
</table>

4.00pm Depart to Canberra Accommodation – Sundown Motel, Narrabundah Lane, Symonston ACT
5.30pm Dinner - supplied
7.00pm Questacon
9.30pm Return to accommodation

DAY 2 – THURSDAY, 27 APRIL 2017

7.00am Breakfast - supplied
8.30am Depart for a drive around the Embassies and Consulates
10.00am Australian War Memorial
1.00pm Lunch - supplied
1.30pm Parliament House

<table>
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<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.00pm</td>
<td>Tour the House of Representatives</td>
<td>Tour the House of Representatives</td>
</tr>
<tr>
<td>2.30pm</td>
<td>Tour the Senate</td>
<td>Tour the Senate</td>
</tr>
<tr>
<td>3.00pm</td>
<td>Parliamentary Education</td>
<td>Parliamentary Education</td>
</tr>
<tr>
<td>4.00pm</td>
<td>Hospitality – drink/snack provided</td>
<td>Hospitality – drink/snack provided</td>
</tr>
</tbody>
</table>

5.30pm Dinner - supplied
7.00pm Australian Institute of Sport
9.00pm Return to accommodation
DAY 3 – FRIDAY, 28 APRIL 2017

7.00am  Breakfast - supplied
8.30am  Depart to National Museum
9.00am  Guided tour of National Museum
11.00am Depart to the Royal Australian Mint
11.30am Royal Australian Mint: Guided Tour
1.00pm  Lunch – supplied
1.30pm  Depart Canberra
5.30pm  Approximate arrival time back at Lane Cove Public School
Year 5 Canberra Excursion, 26 – 28 April 2017
Information Sheet

Wednesday, 26 April
6.40am arrive at school, meet under the COLA, near the Austin Street drop off zone
6.45am roll call and load coaches
7.00am depart from school

What to wear
As we will be travelling and visiting many sites please wear comfortable clothing and shoes. It is advisable to wear a t-shirt and other warm layers to accommodate change in weather.

What to bring
You will need to bring two bags; a day pack and an overnight bag. The overnight bag will be put in the under-storage of the coach and will not be accessed until we arrive at the accommodation in Canberra (4.30pm). Please have everything you need whilst travelling in your day pack.

DAY PACK
Morning tea
Afternoon tea (No sweets)
Water and/or drinks
Sunscreen and hat
Jumper/cardigan
Raincoat/poncho
Camera (optional)
Spending money (up to $25.00; for souvenirs etc.)
Travel sickness tablets: if your child is prone to travel sickness please provide your child with enough tablets for the return trip home. Please take the required dose prior to our departure on Wednesday.

OVERNIGHT BAG
Towel
Toiletries (for the well being of asthmatics, no spray deodorants please)
Change of clothing for 2 days
Pyjamas

Students should not bring mobile phones and electronic equipment.

We are scheduled to arrive back at **5.30pm on Friday, 28 April**. Confirmation of anticipated time of arrival will be posted on the school's website and on skoolbag.

Year 5 Team
GUIDELINES FOR OVERNIGHT EXCURSIONS

Rationale
It is a privilege for students to represent their school on excursions. This applies particularly in the case of overnight excursions. All students involved in such excursions are expected to respect the rights of others and fulfil their responsibilities as outlined in the School Discipline Code. This enhances the enjoyment and safety of students and attending staff.

Expectations of Students
Students are to:
- Be good role models
- Demonstrate pride in the school by dressing appropriately
- Obey the specified rules
- Behave appropriately to the situation
- Be punctual
- Be reliable, responsible and trustworthy
- Have good manners and respect others
- Demonstrate a spirit of co-operation
- Assume responsibility as the need arises

EXCURSION CODE OF CONDUCT

Student’s Commitment
I understand that all teachers and students have the right to enjoy this three day (two night) excursion. I am signing this Contract of Behaviour in the anticipation that I will be part of a happy, safe and enjoyable excursion.

This contract indicates that I will:
- Follow all staff instructions
- Require only one instruction before I respond
- Pay attention to the person addressing the students
- Behave appropriately when travelling to and from the venue
- Respect the rights of others during activities, meals and free time
- Behave according to expectations outlined for sleeping arrangements
- Assume responsibility for my health and hygiene
- Respect the feelings and privacy of others in toilet and showering facilities

If I do not adhere to the code of conduct I understand that my parents will be contacted and I will need to discuss the consequences with them and the Principal.

Signed _______________________________ Date ___________ Contact Numbers _____________
(Home)

Signed _______________________________ Date ___________ _______________________________
(Mobile)

Signed _______________________________ Date ___________
(Parent)
LANE COVE PUBLIC SCHOOL
STUDENT MEDICAL INFORMATION FORM

Student Name: _______________________________ Date of Birth: _____________

Address: _______________________________________________________________
______________________________________________ Postcode: _________________

Emergency Contact Details
Name: _________________________________________________________________

Relationship: ___________________________________________________________

Phone No: Daytime: __________________ After Hours: ______________________

Mobile: ___________________ Other: ___________________________

Medical Insurance
Medicare: _________________________ Expiry ___________ No. on card _______

Private Fund: _________________________ No. ______________________________

Medical History
Does your child suffer from:
Asthma: (If yes, please complete Asthma Management Plan) Yes No
Allergies: (If yes, please complete Allergy Management Plan) Yes No
Diabetes: (If yes, please complete Diabetes Management Plan) Yes No
Condition: (If yes, please complete Other Conditions)

Does your child require regular medication? Yes No

Has your child suffered from an illness or injury requiring hospitalisation in the past 4 months? Yes No

Has your child been treated by a Doctor in the past four weeks? (If yes, a medical certificate is required, outlining treatment and stating that they are fit to attend camp) Yes No

Is your child’s Tetanus current? Yes No

Does your child: (a) wet the bed? Yes No (b) sleepwalk? Yes No

Do you give permission for Panadol (or similar) to be administered, if required? Yes No

Asthma Management Plan
Please provide details of medications taken (both regularly and during an attack).
________________________________________________________________________
________________________________________________________________________

Please indicate triggers and any additional information which will assist with the condition. (Exercise? Environment? Colds/Viruses? Other) _______________________
________________________________________________________________________

Please list pre/during/post reaction medication, dosages; administration: ____________
________________________________________________________________________
________________________________________________________________________

Allergy Management Plan
Please indicate allergen. Please also indicate the signs and symptoms of the reaction.
________________________________________________________________________
________________________________________________________________________

Please list pre/during/post reaction medication, dosages; administration: ____________
________________________________________________________________________
________________________________________________________________________

Other Conditions
Please provide full details of condition; precautions to take; and sign and symptoms.
________________________________________________________________________
________________________________________________________________________

Please list all medication; dosages and times of administration.
________________________________________________________________________
________________________________________________________________________

In the event of an emergency, and I am unable to be contacted, I authorise the obtaining of appropriate medical assistance. I also agree to cover the cost of medical fees that may arise as a result.

As a parent/guardian, I understand the added or altered risk that may occur for my child, given the conditions outlined above. I understand the details outlined in the Medical Information.

______________________________ (Signature) ____________________ (Date)

______________________________ (Name – please print)