

## **Year Six Canberra Excursion 2019**

25th June 2019

Dear Parents,

On **Thursday 1st August and Friday 2nd August** Year Six will be attending their Canberra Excursion. Please note that the cost of the excursion has been included in the Excursion Fee within the School Fees Statement. The Parliament and Civics Education Rebate (PACER) ensures that we have funding towards the cost of the excursion.

## Itinerary details are as follows:

THIDCDA	V 1ct August
5:45am	Y 1st August Coach arrives at school
6:00am	Depart from school and travel to Canberra - 30 minute stop en-route
On arriva	l in Canberra visit the following:
10:20am	War Memorial entry & orientation (10 minutes)
	GROUP ONE
10.30am	War Memorial program (1 hour) - Anzac Legacy reserved
11.30am	War Memorial Discovery Zone - (30 minutes)
12.00pm	War Memorial self-guided tour (45 minutes)
12.45pm	
	GROUP TWO
10.30am	War Memorial Discovery Zone - ANZAC Legacy reserved (30 minutes)
11.00am	War Memorial self-guided tour (30 minutes)
11.30am	War Memorial program (1 hour) - Anzac Legacy reserved
11.45am	War Memorial self-guided tour (30 minutes)
12:45pm	
	BOTH GROUPS
1.00pm	Lunch - all persons supply own lunch on first day
1.45pm	Arrive at Parliament House for the following (in two groups):
2.00pm	Parliamentary Education Office (1 hour)
3.00pm	Parliament House Tour of House of Representatives and Senate (1 hour)
4.00pm	Hospitality at Parliament House (30 minutes)
4.30pm	Afternoon Tea - all persons supply own afternoon tea on first day
5.00pm	Questacon - The National Science & Technology Centre (2 hours)
7.00pm	On completion of these activities we will travel to our motel for dinner and overnight
'	accommodation. Return to motel for overnight accommodation at:
	Ibis Styles Canberra
	203 Goyder Street, NARRABUNDAH
	In case of an <b>emergency</b> , the contact number for the resort is 6228 0168.
	NOTE: All linen, blankets and towels are provided.

FRIDAY 2	FRIDAY 2nd August				
During th	During the day visit the following:				
	GROUP ONE				
9.00am	Geoscience Centre (1 hour 30 minutes)				
11:00am	Electoral Education Centre (1 hour 30 minutes)				
12.30pm	Lunch - packed lunch provided from accommodation				
1.30pm	CSIRO Discovery (90 minutes)				
	GROUP TWO				
9.00am	CSIRO Discovery (90 minutes)				
11.00am	LUNCH - at Electoral Education Centre - packed lunch provided from accommodation				
11.30pm	Electoral Education Centre (1 hour 30 minutes)				
1:30pm	Geoscience Centre (1 hour 30 minutes)				
	Lunch- packed lunch provided from accommodation				
	CSIRO Discovery (1hour 30 minutes)				
3.15pm	Depart from Canberra for the return journey to school				
	(30 minute afternoon tea/comfort stop en-route - Goulburn Park, Afternoon tea provided)				
7:30pm	(Approx.) arrive at school				

## **General Information**

Students will wear their *full school uniform* on the first day as they visit the War Memorial and Parliament House. On the second day the students will be able to wear *mufti*. As we will be in Canberra during winter, please ensure that your child wears the appropriate school uniform for the cold i.e. long pants, stockings, jumper and jacket etc.

## Students will NEED to bring the following:

Morning tea, lunch and afternoon tea for the first day in a small back pack (separate to the bag that has their clothes etc) and 2 bottles of water.

Please note: NO NUT products are to be packed as we have students who are anaphylactic.

School Jumper/Jacket/Parka

Warm Pyjamas

Underwear

Warm socks (2)

Suitable closed in footwear - school shoes and other casual shoes

Set of clothes for the second day - appropriate comfortable long pants, jacket/jumper and closed in

footwear - limited logos

Toothbrush/Toothpaste

Soap in a container and other toiletries including deodorant (roll on ONLY)

Hairbrush/Comb

Plastic bag for dirty clothes

Pocket torch optional not essential

Students DO NOT need to bring a sleeping bag, sheets or a towel as they will be provided

The above items are only a guide. You may need to adapt the list for your own child's needs. Please remember they will only need clothes for two days and one night.

Medication – <u>All medication (apart from puffers) is to be handed to your child's teacher</u>. This includes travel sickness or any other medication that is to be administered. This medication must be labelled with the child's name and time when medication is to be given and placed in a zip lock bag. All medication is to be handed to the child's teacher, ON THE DAY, before they board the bus with the directions for administering. No child is to carry or administer their own medication. If your child requires medication, you will need to complete an 'Administration of Medication Form' attached. Teachers will carry Panadol and Nurofen to administer to your child if needed, so there is no need for you to pack this for them.

Cameras (optional)- Please ensure that the battery has been charged or that your child has spare batteries. A lesson on how to use the camera and replace the battery would be appreciated. Any equipment is the student's responsibility.

No mobile phones, ipads or ipods of any description. NO TECHNOLOGY.

If at some point you need to contact the teachers or if there is an emergency, the teachers will have the Corpus Christi excursion phone. The number is 0428 238 693.

You will be updated on arrival/departure times and other events during the excursion via the Corpus Christi Facebook page.

Yours sincerely, Year 6 Teachers Please complete the questions below and return it to school by <u>Tuesday 2nd July 2019</u>. It is essential that you answer each of the questions to the best of your knowledge so that the information can be used to ensure that your child has a safe and enjoyable excursion.

Child's Name:		Pate of Birth:	Class:	_
Hom	ne Address:			
Hom	ne Phone No:			
1st Contact Person: 2nd Contact 1st Person Contact No: 2nd Person Contact		2nd Contact Person:		
		2nd Person Contact No: _	ontact No:	
Nam	ne and Number of relative or close family friend	(to be used if family is no	ot able to be contact	ed)
Nam	ne:	Ph:		
1.	DOES YOUR CHILD SUFFER FROM ANY ILLNESS OF problems?) IF YES, GIVE DETAILS	•	· · · · · · · · · · · · · · · · · · ·	YES/NO
	LIST TREATMENT (How should we look after your	,		
2.	DOES YOUR CHILD HAVE ANY SPECIAL DIETARY N			YES/NO
	eat?) IF YES, PLEASE DESCRIBE (What it is)	,	·	129,110
3.	IS YOUR CHILD ALLERGIC TO ANY PLANTS, FOOD,	MEDICINES, ANIMALS, ET	C? (Do any plants,	YES/NO
	insects or foods make your child sick?) PLEASE DE your child?)	•	•	
4. IS YOUR CHILD PRESENTLY TAKING MEDICATION OR TABLETS? (Is your child tal tablets, if so when is this to be taken?)		d taking medicine or	YES/NO	
	PLEASE DESCRIBE (What is the name of the media	cation?)		
5.	HAS YOUR CHILD HAD A TETANUS NEEDLE?			YES/NO
	DATE OF LAST BOOSTER			
	(When did they have the last injection?)			
6.	DOES YOUR CHILD SUFFER FROM ASTHMA? (Wha	at is the treatment for you	r child?)	YES/NO

O EZ	TOES YOUR CHILDYSUFER FROM SKIN IRRALION (SKIV rashes or scratching) List treatment –	YES/NO			
CRA	GROWING TOGETHER AS THE BODY OF CHRIST				
8.	DOES YOUR CHILD SUFFER FROM DIABETES?	YES/NO			
9.	DOES YOUR CHILD SUFFER FROM FITS OR BLACKOUTS? (Does your child faint? What is the	YES/NO			
J.	treatment for your child?)				
	· · · · · · · · · · · · · · · · · · ·				
10.	DOES YOUR CHILD WET THE BED?	YES/NO			
11	While it is not CEO policy to administer non prescribed medication, under systems circumstances				
<b>11</b> . While it is not CEO policy to administer non-prescribed medication, under extreme circumstan Panadol will be issued with your written advice hereon.					
	I give permission for Panadol/Nurofen to be issued under extreme circumstances.	YES/NO			
	Name: Signature:				
	Name of family doctor: Telephone No:				
Any other information that may help us care for your child:					
	On my behalf and/or in the event of any emergency or illness, I authorise such action to be taken as is necessary for the welfare of my child, on the understanding that I will be immediately informed of his or her situation.				
	Name: Signature: Date:				
	(Parent/Legal Guardian)				
Dea	ar Teacher,				
I giv	ve permission for my child to atter	nd the			
exc	cursion to Canberra on <b>Thursday 1st August and 2nd August 2019.</b> I understand that my child	will be			
tra	velling to and from the venues by bus.				
Par	rent Name: Parent Signature:	·			
Cor	ntact number:				
	Medication Administration Note				
(To be returned on the 1st August and handed to your teacher, if required)					
	ar teachers,				
I give permission for my child in class					
to t	take the following medication				

They will need to take this medication- timing (e.g. morning/afternoon/night)					
Parent name:	Parent Signature:				