



Margaret Hendry
SCHOOL

Excursion to Botanical Gardens - Preschool

12th October 2022

Dear Families,

The focus of this excursion will be growing our cultural competence while on country. We will be engaging in a self-guided tour of the Botanical Gardens co-ordinated by the Preschool Learning Coaches, where we explore the gardens at our own pace, observing the Australian native flowers and plants discussing any wonderings the children may have about what they see. The children will also be engaging in a workshop that they have selected before the excursion. The two workshops to choose from are *Budding Botanists* where the children investigate the different parts of a plant - seeds, leaves, roots and flowers - and discover the lifecycle of an Australian flowering plant. The children will also plant a native Australian seed to grow as a take-home experiment. The other workshop to is called *Buzzy Bees* and involves the children observing how bees pollinate flowers and learning about the pollination process. The children Explore the important role of Australian insects and find out how we can help protect pollinators at home and school.

Family member volunteers are required to support the running of the excursion and for us to remain in ratio. Please let us know if you are able to attend as a volunteer.

<https://parksaustralia.gov.au/botanic-gardens/schools/ranger-guided-programs/>

Details of the excursion are as follows:

Date:	22.11.2022
Time:	Departure from school 10:00am Returning to school 2:30pm
Destination:	Australian National Botanical Gardens Clunies Ross Street, Acton ACT 2601
Cost:	\$20.00 per child
Transport:	Action Buses
Clothing and Equipment	Appropriate weather clothing, sun hat, enclosed comfortable shoes, 1 change of clothes packed into school bag.
Eating arrangements:	Please provide morning tea and lunch in two separate labelled disposable bags. Drink bottle required.
Preschool Ratio	Preschool staffing ratio is 1 adult to 4 children (1:4). Minimum 17 adults required Staff supporting preschool – Hayden, Emma, Dhi, Caroline, Helga, Jake, Zara, learning support assistants and parent volunteers
Maximum number of students attending	66 children

PERMISSION FORM NEEDS TO BE RETURNED BY: Tuesday 1st November 2022

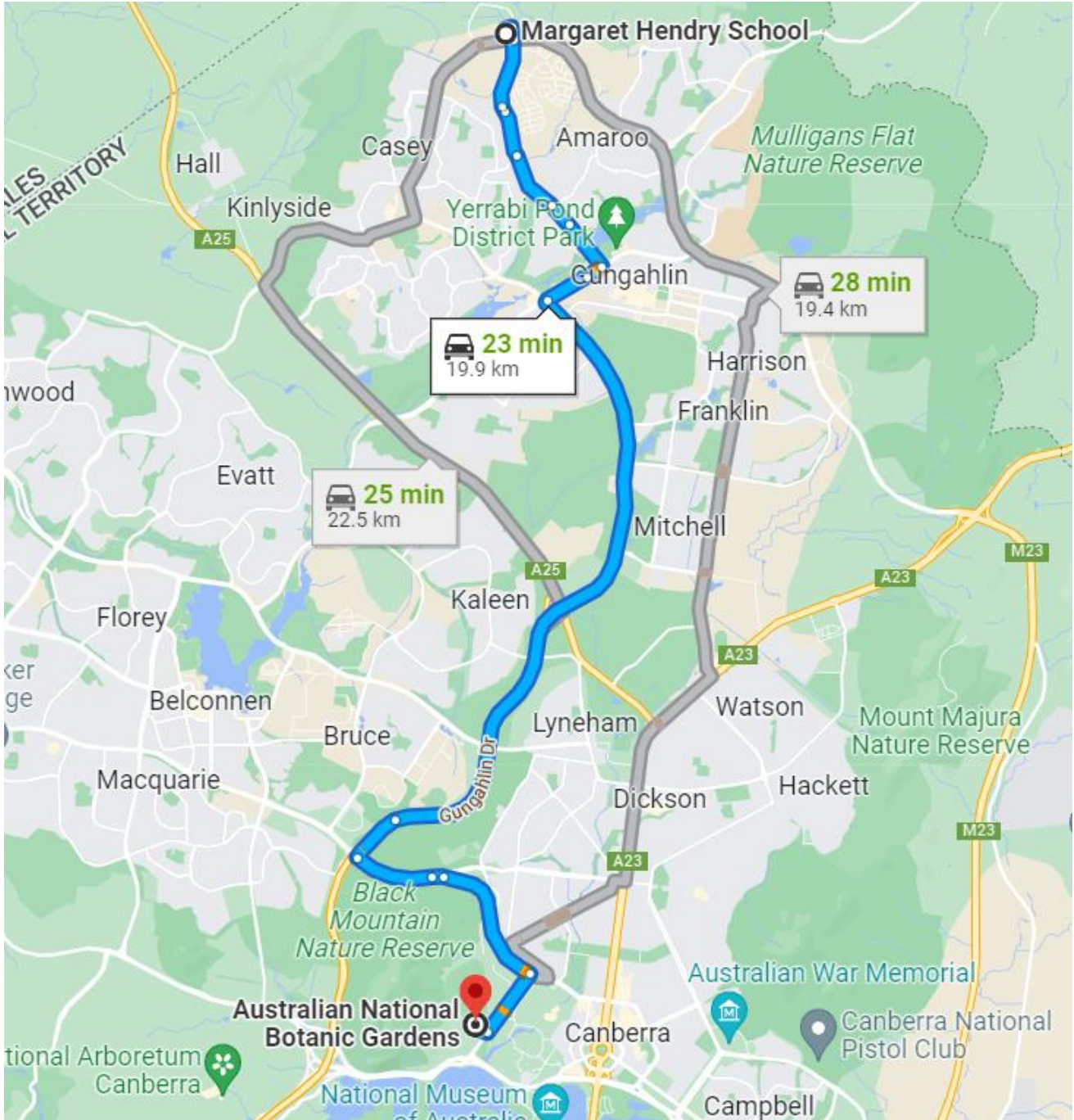
The co-coordinating learning coach is Emma Morrison. The staff will be carrying a mobile phone to be used if needed for contact with the group, or for calling assistance in an emergency. The staff will also carry a First Aid Kit.

Unacceptable behaviour will be treated as it is normally treated at school. Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. Parents should also be aware that no automatic insurance is provided by the ACT Government in respect of injuries to students, non-enrolled children or yourselves should an injury occur on an excursion. You may wish to consider taking out personal insurance cover for yourself and/or for students and non-

100 Sutherland Crescent, Taylor ACT 2913
Phone: (02) 6142 2800

We pay respect to the United Ngunnawal Elders Council and to the Elders both past and present of the Ngunnawal Nation for they hold the hopes and dreams for the future of the ACT and surrounding region.

Approximate Travel Route from Margaret Hendry School to Australian National Botanic Gardens



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EXCURSION 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 a category C & D excursion, overseas excursion, sports and all outdoor adventure activities. 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/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's Name:		Date of Birth:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> 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 No:		Membership No:	
Ambulance Fund: NOTE: Parents are responsible for ambulance costs outside the ACT.					
Please tick if your child suffers any of the following:					
<input type="checkbox"/> allergies	<input type="checkbox"/> blood pressure	<input type="checkbox"/> epilepsy	<input type="checkbox"/> hay fever	<input type="checkbox"/> nose bleeds	
<input type="checkbox"/> anaphylaxis	<input type="checkbox"/> diabetes	<input type="checkbox"/> fainting	<input type="checkbox"/> headaches	<input type="checkbox"/> reaction to drugs	
<input type="checkbox"/> asthma	<input type="checkbox"/> eczema	<input type="checkbox"/> fits or blackouts	<input type="checkbox"/> heart condition	<input type="checkbox"/> sight/hearing problems	
<input type="checkbox"/> other (please specify)			<input type="checkbox"/> sunscreen sensitivity		



If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

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 4 weeks?		Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state name of medication, dosage, etc. (Please note: 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. In all cases medication must be labelled with the student's name, dosage and frequency of administration.):		
I consent to my child receiving paracetamol for temporary pain relief?		Yes <input type="checkbox"/> No <input type="checkbox"/>
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 consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: _____

PERMISSION SLIP – Australian National Botanical Gardens Experience

- I have discussed with my child the need for sensible behaviour on this excursion.
- I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. Free ambulance transportation only applies in the ACT
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that individual records of contributions are confidential.

I Parent/Carer _____ hereby give permission for my child
(name) _____ to attend the National Botanical Gardens
travelling by bus.

Signed _____ Date _____

I enclose \$..... Cash Quickweb (Visa/Mastercard)

Quick Web Payments – <https://www.education.act.gov.au/Margaret-Hendry-School/payment>
Fee Code: **BOT2022**

As per our ratio requirements, we do need extra support from our families and ask that if you can or would like to accompany us to the excursion to please let us know. Due to seating availability on our buses, you may need to use your own vehicle to get to the Botanical Gardens.

I (Family Member) _____ am/am not able to attend the excursion to The
National Botanical Gardens on Tuesday 22nd November 2022 as a volunteer to support the Preschool children
attending the learning program and as part of ratio requirements.

Signed _____ Date _____