

Kindergarten Life Education Workshop

DESCRIPTION:

My Body Matters focuses on things children can do to keep themselves healthy - covering hygiene, nutrition, physical activity, and safety at home, school, and in the community.

The learning also continues in the classroom with their teacher, with the help of a range of interactive online resources, and a fun-filled student workbook.

DATE:

Tuesday 9 March

VENUE:

Fraser Primary School

COST PER STUDENT:

\$12.00

CLASSES INVOLVED:

Kindergarten Students

TEACHER IN CHARGE:

Allison Barker

ADDITIONAL INFORMATION:



PAYMENT OPTIONS:

Pay using your credit/debit card through Westpac Quickweb by visiting the Fraser Primary School website www.fraserps.act.edu.au Then click on 'Payment' and follow the instructions. Include the fee code: **HEALTH**

Pay using Direct Deposit:
BSB – 032777 Account Number – 001308. Please include your family name, child's name and the fee code: **HEALTH**

Pay by cash/cheque/EFTPOS at the Front Office.

Please keep this information page, then complete the permission form and return it with payment to the Front Office by Tuesday 9 March 2021

Kindergarten Life Education Workshop

PLEASE RETURN TO FRONT OFFICE

BY TUESDAY 9 MARCH 2021

Child's Name: _____ Class: _____

I consent to my child participating in the Life Education Workshop at Fraser Primary School.

Fee Code: **HEALTH** Cost: **\$12.00**

Please tick the appropriate boxes:

I have read and understand the attached information page, I consent to the payment arrangements and I give my child permission to participate in/attend the event. If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (ED) Fraser Primary School. This information is necessary to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion.

Select one payment option

I have enclosed payment by cash/cheque/EFTPOS

I have processed my payment by Quickweb

I have processed my payment by direct deposit

I understand that the ACT Government (the Territory) does not meet all claims for injury, disease or illness to students resulting from school activities or school organised excursions. Claims are only met where there is a liability to do so. Liability is not automatic and depends on the circumstances in which the injury was sustained. I understand I should obtain my own advice about insurance protection which may assist in meeting expenses if my child is injured in circumstances where there is no liability on the part of the Territory. The ACT Ambulance Service provides free ambulance transport for students who are injured or suddenly become ill at school or during school-approved activities within the ACT. Excursions to states and territories outside the ACT are not covered by free ambulance transport.

In serious cases where medical attention is necessary, and a parent/carer is not available, I authorise the school to make arrangements for the welfare of my child (including transport and medical/surgical treatment).

I agree that my child/children will be under the authority of the school for the duration of the excursion and that the school is authorised to return the student home at the expense of the parent/carer if the school considers that circumstances warrant such action.

The medical information and emergency contact numbers for my child/children held at the school are correct and up to date. Please contact the Front Office as soon as possible if this information needs to be updated.

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. These contributions are voluntary. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for students where parents/carers are unable to make the requested contribution.

Signature of Parent/Carer:

Date: