

# St Francis of Assisi Primary School

120 Casey Crescent Calwell ACT 2905  
Phone: 02 6292 4500 Fax: 6292 8998  
Email: [office.stfranciscalwell@cg.catholic.edu.au](mailto:office.stfranciscalwell@cg.catholic.edu.au)  
Web: [www.stfa.act.edu.au](http://www.stfa.act.edu.au)



17<sup>th</sup> July 2017

Dear Year 1 Families,

On Tuesday 8<sup>th</sup> August we are going to travel by bus to the National Museum to participate in the excursion "Then and Now" which links to the History unit we have been studying. After the tour we will stay at the Museum for lunch and travel back to school by bus at 2:00pm. The children are to wear their full sport uniform on the day and are to bring their recess, lunch and water bottles in labelled disposable bags. Please remember there are to be NO LUNCH ORDERS that day.

We will be travelling by bus to and from the Museum.

Please sign the attached permission slip and return it by Friday 4<sup>th</sup> August.

Thanks

Year 1 Teachers

Terri Walker, Lauren Macdonald, Kara Flood and Matthew Smith



## **Consent Form**

As a Parent/Guardian of \_\_\_\_\_ Roll Class \_\_\_\_\_ I give my consent for him/her to travel by bus to the National Museum and participate in the 'Then and Now' excursion on 8<sup>th</sup> August 2017 and agree to delegate my authority to the Staff and Instructors involved. Such Teachers and Instructors may take appropriate disciplinary action in accordance with school policy to ensure the safety, well-being and successful conduct of the students as a group, or individually in the abovementioned activities. I also authorise the Teachers and Instructors to obtain necessary medical assistance should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I submit the medical information below about the above student and include details of limitations, which he/she has for the activities concerned. I will ensure to send to school any puffers or medication needed. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

SIGNED \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

---

**Medical Information** (eg Asthma, Allergy etc)