

Year 7 History Cinema Excursion

Wednesday 28 June 2023

Dear Parents and Carers,

As part of the History Unit students in year 7 have the opportunity to go and watch the Indiana Jones Movie at Hoyts Belconnen. Indiana Jones relates to the work year 7 students have been learning in their history class this term.

Please note, due to limited seating in the cinema this will be a 'first in best dressed' opportunity. Only the first 50 permission notes returned will be able to attend this excursion.

Genre: Action, Adventure

Running Time: 154 min

Rating: PG

Date: Wednesday 28 June 2023

Time: Departing Harrison School at 11am. Returning at approximately 2:30pm

Venue: Hoyts Belconnen, Westfield, Benjamin Way, Belconnen ACT 2617

Transport: Chartered Bus to and from Hoyts Belconnen

Cost: \$15.00 (Cost includes Bus fare and Cinema ticket)

The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

Notes and money to Harrison School front office by: Friday 23 June 2023. Unfortunately, the School is unable to accept any notes after this date.

Excursion Risk Assessment: Available at the front office

Behavioural expectations: Standards of behaviour based on the school's values apply in all camp and excursion situations. Students deemed to not be displaying appropriate behaviour on excursions or camps will be returned to school. No refund will be available under these circumstances.

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.

Kind Regards,
Thomas Alexander
Year 7 Coordinator



Year 7 History Cinema Excursion

Permission Note

I give permission for my child _____ in SEL Class _____ to attend the Year 7 History Cinema Excursion, Westfield Belconnen Hoyts **Wednesday 28 June 2023**.

Permission note to be completed and returned to Harrison School front office: **Friday 23 June 2023** (Unfortunately, we are unable to accept notes after this date)

I agree to my child participating in the activities associated with this excursion. I have discussed with my child the need for expected 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 associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

The [Medical Information and consent](#) form only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Are there any changes to this form?

Yes No

If yes, an updated *Medical Information and Consent Form* is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?

Yes No

If yes, please complete a *Medication Authorisation and Administration Record* (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes No

If yes, please provide these details

Please provide the following information:

| | | | | | |
|---|--|-----------------------------|--|----------------------|--|
| Medicare No: | | Private Health Fund: | | Membership No | |
| Ambulance Fund: Parents are responsible for ambulance costs outside the ACT. | | | | | |

Name of Parent/Carer: (please print) _____

Signature: _____ Date: _____



