20 Wimmera Street Harrison ACT 2914
Email: info@harrison.act.edu.au
www.harrison.act.edu.au
Ph: (02) 6142 2200

Year 4 Questacon Excursion
Monday 14 September 2026

Dear Parents and Carers,

As part of our science unit this term, Year 4 students will be visiting Questacon for a two-hour educational experience. Students will have the opportunity to engage with interactive exhibits and hands-on activities that support their learning about scientific concepts, encouraging curiosity, investigation, and a deeper understanding of the world around them.

Date: Monday 14 September 2026

Times:

4VA, 4HK and SGPNN departing Harrison School at 10:00am and returning at approximately 1:00pm

4CW, 4NF, 4MW and SGPAD departing Harrison School at 11:15am and returning at approximately 2:15

Location: King Edward Terrace, ACT, 2600

Transport: Chartered Bus to and from Questacon

Cost: $24

What students need to bring: Student to wear FULL school uniform and bring a water bottle clearly labelled with their name

Notes to be returned to Harrison School front office by: Monday 7 September 2026 (no permission notes will be accepted 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.
We encourage parents to discuss behavioural expectations with their children, including risk to themselves, to others, and property due to impulsive, wilful and non-compliant behaviour.

Kind Regards,
Christie Wilson
Year 4 Executive Teacher

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Monday 14 September 2026

I give permission for my child _____ in Class _____ to attend the Year 4 Questacon excursion on **Monday 14 September 2026.**

Permission note completed and returned to Harrison School front office by: Monday 7 September 2026 (no permission notes will be accepted 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.

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: _____

HARRISON SCHOOL

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ACT Government Education

Year 4 Questacon Excursion
Monday 14 September 2026
Payment Contribution

Student Name: _____ Student Class: _____

Parent/Carer Name: _____

The total cost for the Year4 Questacon Excursion is $24

I am paying the amount of $_____

☐ Cash

☐ EFTPOS at the front office

☐ Parent Portal

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us 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. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.