

**ACT PUBLIC PRESCHOOL LOCAL WALKS AND REGULAR OUTINGS PERMISSION NOTE FOR PARENTS**

I understand that the authorisation that I am giving allows my child participation in regular outings including local walks from the preschool site. This authorisation is current for the school year.

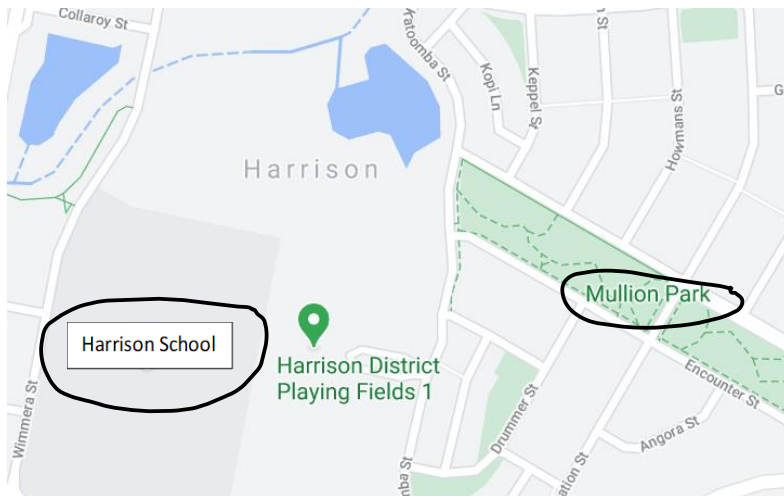
I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend regular outings from the preschool site in the local neighbourhood.

*I agree to my child participating in the activities associated with this excursion mentioned previously. 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 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 regular outing 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 following information is required under the Education and Care Services National Regulations (Reg 102):

- Event Title – Regular Outing
- Venue Details – Local Neighbourhood
- Time – Approximate usual time
- Purpose of excursion -
- Mode of transport – Walking
- Proposed activities to be undertaken
- Anticipated number of children attending – 22
- Anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion
- Educator to child ratio – 1:11
- A risk assessment has been developed for this excursion and is available upon request.
- Emergency contacts and procedures in the event of an emergency, an emergency contact list is taken on each regular outing



Your child's medical status must be updated regularly when needed and an updated *Medical Information and Consent Form* is required to be completed.

A *Medication Authorisation and Administration Record* must be completed if needed.

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 to your child's teacher.

Name of Parent/Carer: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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 in order 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](http://www.det.act.gov.au)) on the About Us page.