



FARRER PRIMARY SCHOOL Lambrigg Street, Farrer ACT 2607 Phone: (02) 6142 0860 Email: <u>info@farrerps.act.edu.au</u> Web: <u>www.farrerps.act.edu.au</u> A/g Principal: Sarah Harris

## Preschool excursion to the Farrer Nature Playspace

**Dear Preschool families** 

The following details relate to an educational excursion to the **Farrer Nature Playspace** which has being organised for our Preschool children. The experience will offer children opportunities to engage with nature and explore gross motor possibilities while engaging in play. Being in the space also allows staff to set up intentional art and science experiences such as drawing and bird watching.

Dates / time	Preschool teachers will plan for visits to the Farrer Nature Playspace. Teachers will email families a week in advance to notify when and at what time the visit will occur.		
	This is an open permission valid for the remainder of 2024.		
Purpose of excursion	To complement the Preschool program.		
Transport	The group will walk to and from the Farrer Nature Playspace.		
Anticipated number of children attending and	2:22 Preschool Echidnas and 2:20 Preschool Possums		
staff to student ratio	Parent volunteers are welcome to join us. Please indicate on the permission note if you car be part of this experience.		
Teacher in charge /	Preschool teachers will be the person in charge.		
Attending staff	The preschool groups will attend with their teachers Kat Newton and Emma D'Ambrosio and co educators, Kim-Maree Janszen and Sylvia Kaltner.		
What children will need	<ul> <li>School uniform and clothing that is responsive to weather (jumper, coat/jacket, hat)</li> <li>Water bottle</li> </ul>		
	Lunch box		
	Closed shoes		
Cost	There are no costs involved in this experience.		
Return permission note	We ask that permission notes please be returned by <b>15 August 2024</b>		
	Should families need to contact children / staff on the day, please call the school office.		
	Office staff will pass on the message to the relevant preschool staff member.		
	A risk assessment has been prepared for this experience and is available on request.		

If you do not give permission, or your child cannot attend on a particular outing, an alternate arrangement will be made for your child in the preschool.

Emma D'Ambrosio and Kat Newton

31 July 2024

## TO BE RETURNED TO SCHOOL

## Preschool excursion to the Farrer Nature Playspace

I give permission for my child	in Preschool Echidnas /
Preschool Possums to be part of visits to the Farrer Nature Playspace.	
$\Box$ I understand this experience will occur periodically across semester 2, 2024.	
$\square$ I understand my child will walk to and from the Farrer Nature Playspace wit	h Preschool staff.
$\Box$ I have completed the school 2024 Medical Information and Consent Form (I details have changed).	Please contact the front office if any
Have there been any changes in your child's medical status since you last provi No Yes If yes, an updated <i>Medical Information and Consent</i> i	
Will your child require medication to be administered during the excursion (e.g         No       Yes       If yes, please complete a Medication Authorisation and the excursion of the exc	
Is there any additional information you need to provide to support your child's No Yes If yes, please provide these details to your child's tea	
• Staff accompanying students on excursions will take all reasonable care while them from injury and to control and supervise their behaviour and activities.	the students are in their charge to protect
• Parents should be aware that staff members are not responsible for injuries or excursion where, in all circumstances, staff have not been negligent. Parents s to others and to property, of impulsive, wilful or disobedient behaviour.	
• I agree to my child participating in the activities associated with this excursion my child the need for sensible behaviour on this excursion. I authorise the schoor my child (including medical or surgical treatment) in an emergency and I agree to the school all medical information relevant to my child attending this excursion.	ool to make arrangements for the welfare of e to meet the associated costs. I have provided
• I agree that my child will be under the authority of the school for the duration authorised to return my child to school or home at my expense if the school co action. I give permission for my child to travel by private car, driven by a staff	onsiders that circumstances warrant such

In case of emergency and permission Name of parent / guardian to contact: (	please print)	
Contact number in case of emergency:		
Name of parent / guardian:	Parent / guardian signature:	
Relationship to the child:		
Date:		
<b>Volunteers</b> I volunteer to support this experience ( <i>Please tick if available. Staff will reach out to confirm</i> ).		
excellence	innovation sustainability inclusion support	