

ST THOMAS MORE'S PRIMARY SCHOOL

24 White Cres, Campbell, ACT 2612 | PO Box 36 02 6249 8869 | office.stmore@cg.catholic.edu.au

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Monday February 17th 2020

Dear Parents and Carers,

From time to time, teachers take children on a 'walking' excursion which means they leave the school grounds and walk within the local surrounds as far as Anzac Parade, Legacy Park, The Australian War Memorial, Southern Cross Care Apartments or to the Campbell shops.

To enable us to do this at any time during the **2020 school year**, we are asking you to provide permission by completing the form below. This permission will be for the 2020 school year.

The teachers will ensure duty of care is maintained at all times and a risk assessment will be completed and approved prior to the excursion, as per our usual processes and practices around excursions.

You will be notified when these types of excursions are taking place.

You need to provide a **separate** permission note for **EACH** of your children.

Please return your child's note to the classroom teacher.

Thank you.

Regards,

Nicole Mikkonen.

Assistant Principal





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Walking Excursion Permission for the 2020 school year.

I give p	I give permission for my childto leave the school grounds and w		•	
Campl	Campbell. I understand they will be supervised by their classroom teacher.			
I understand that a risk assessment will be submitted prior to these excursions taking place.				
I under	I understand this permission is for February to December of 2020.			
I understand it is my responsibility to inform the school front office of changes to my contact details and the emergency contact details, should they change during the course of the 2020 school year.				
I understand it is my responsibility to provide the school with information about my child that may require my child to have adjustments made and ensure they can fully participate in such an excursion, including medical needs.				
	Parent/Carer Full Name	Parent/Carer Signature	Parent/Carer Contact Details	
Parent/ Carer 1				
Parent/ Carer 2				
Name	of Emergency Contact:			
Contac	ct Details:			
Relatio	nship to the child:			