

Junior Campus Walkathon



ACT
Government



Dear Parents and Carers,

Junior Campus students from Kindergarten to Year 6 will take part in a Walkathon to Adventure Playground in Kambah. This event gives students the opportunity to raise money for our school through sponsorship. The teachers in charge of this event will be Sally Gore-Johnson and Stephanie Williams. All other Junior Campus staff will also be in attendance.

The completed permission note should be returned to the Finance Office by **Friday the 6th of August**.

IMPORTANT INFORMATION:

- Venue:** Kambah Adventure playground
Date: Friday the 13th of August
Time: Leaving Wanniassa School at 9:30am
Transport: Walking
Cost: \$0.00
Food: Students will need to bring their own recess and drink bottle. A sausage sizzle can be purchased (see attached note). If not students must also bring their own lunch.
Clothing: Students are expected to wear full school uniform including a sun safe hat.
Group Size: 220 students
Contingency: If it rains the walkathon will be rescheduled.

Excursion Risk Assessment: Available at the front office

Wanniassa school's front office can relay messages to staff and students on the excursion. During school hours, contact the front office and speak directly with staff. After hours, call the front office and leave a detailed message. Messages are checked regularly (until 10pm each night and after 6am).

The school has made every effort to keep costs for this activity at a reasonable level. The school has an equity fund, which can be used to provide financial assistance for students to ensure full access to the school curriculum. However, if there is insufficient total funding available to meet the cost of the camp/excursion, regrettably we may not be able to proceed. Please contact the business manager or principal via the front office to discuss further.

Withdrawing from this excursion with less than 3 school days notices requires a medical certificate for a refund to be granted.

If you have any questions regarding this excursion, please contact Sally Gore-Johnson or Stephanie Williams on 61421840 or email sally.gore-johnson@ed.act.edu.au or stephanie.williams@ed.act.edu.au.

Regards

Sally Gore-Johnson and Stephanie Williams

Classroom teachers

Wanniassa School

16/7/2021

I give permission for my child _____ in year _____ to attend the excursion to Kambah Adventure playground on Friday the 13th of August travelling by walking and other details as outlined in this note.

I agree to my child participating in the activities associated with this excursion mentioned previously. 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: _____

***If a Student's medical condition has changed a new Medical Consent form must be completed. The form is available on the [website](#) in the "Our School - Excursions" section.*

Walkathon Sausage Sizzle

As part of this year's Walkathon students have the option of having a sausage sizzle at the Adventure Playground and an ice-cream on our return. Students are free to bring their own lunch if they wish.

All students will need a recess snack and a water bottle as drinks will not be provided.

Please fill out the form and return it to the front office by Friday the 6th of August (no orders will be taken after this date). Please indicate how many sausages you would like to order. There will be one ice cream per student.

Thank you,

Walkathon Committee

WALKATHON SAUSAGE SIZZLE

Name Class

Sausage sandwiches - \$2 each . Number required ? _____

Halal required (circle) Y/N Vegetarian required (circle) Y/N

Icecream - \$1 (only 1 per child) Y/N

Amount enclosed: \$ _____