

19 May 2017

Choir Performance at Kalparrin

Dear Parents and Carers

The choir has been invited to perform for the residents of Kalparrin Aged Care Facility.

Details are as follows:

When	Friday, 9 June 2017
Where	Kalparrin Aged Care Facility, 138 Hardwick Crescent, Holt
Time	9:00am – 12:00pm
Transport	Walking
Notes due	Friday, 26 May 2017
What to bring	Water bottle
What to wear	Students are required to wear school uniform including a hat
Additional information	Morning tea will be provided by the Kalparrin Nursing Home

- *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.*
- *Parents should be aware that staff members are not responsible for injuries or damage to property, which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

If you have any queries regarding this excursion please feel free to contact us at school on 6205 7511.

Regards

Jenny Kenworthy and Justine Byrne
Choir teachers



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I have read the attached information regarding this excursion and understand what it contains.

I give permission for my child _____ in class _____ to attend the choir performance at Kalparrin Aged Care Facility on Friday, 9 June 2017. I understand that he/she will be in the care of Macgregor Primary School staff for the day.

- *I authorise the teacher in charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency*
- *I agree to meet the costs associated with any emergency arrangement made by the teacher in charge - free ambulance transportation only applies in the ACT*

Full name of Parent/Guardian _____ Emergency contact no. _____

Signature of Parent/Guardian: _____ Date: _____

Special dietary requirements, if any _____

We have a copy of your child's Medical Information Form lodged in our records. Please complete the section below only if your child's medical circumstances have changed since lodging the form with the school.

ADDITIONAL MEDICAL INFORMATION

NAME: _____ CLASS: _____

SIGNED: _____ DATE _____

Click here to enter text.