



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

MOLONGLO RIVER CONSERVATION RESERVE VISITS

DESCRIPTION:

In connection with our *One World* Global Concept, all learners in Years 3 and 4 will participate in weekly excursions to the Molonglo River Reserve in Term 4 week 2-3. Each visit we will focus on a different question:

1. **What life forms in our surrounding environments are we connected to?**
2. **What are some identifiable characteristics in a life cycle?**

Activities will include observations of animal and plant life as well as some of the human-made characteristics of our local environment as we walk through the local area.

DATES:	<ul style="list-style-type: none">• Tuesday 17th October - 3/4C & 3/4O• Tuesday 24th October - 3/4C & 3/4O• Wednesday 18th October - 3/4JZ & 3/4A• Wednesday 25th October - 3/4JZ & 3/4A
VENUE:	Molonglo River Reserve - Coombs ACT
TRAVEL ARRANGEMENTS:	Learners will walk with staff to and from the reserve
DEPARTURE & RETURN TIMES:	Departing school at 12:00pm Returning at approximately 2:00 pm
COST:	There is no cost associated with this excursion
CLASSES ATTENDING:	All Year 3/4 classes
STAFF ATTENDING:	Chantel Orr, Olivia Low, Amanda Bartels, Jess Willoughby/ Zaveira Maloney and Learning Support Assistants
WHAT TO BRING:	Learners should bring: Sun Smart hat, water bottle, regular school lunch, rain jacket (if weather is wet), comfortable walking shoes.
NOTE & PAYMENT DUE BY:	Please return permission notes by: Monday 16th October <i>Please note, students will be unable to attend the excursion without signed parent/carer permission.</i>

Code of Conduct and Parental Agreements: 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. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent. 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.

Kind regards,

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Olivia Low: Olivia.low@ed.act.edu.au

Amanda Bartels: Amanda.bartels@ed.act.edu.au

Jess Willouby Jess.willoughby@ed.act.edu.au/ Zaveira Maloney Zaveria.moloney@ed.act.edu.au



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STUDENT NAME: _____ CLASS: _____

I hereby consent to my child attending the above Evelyn Scott School excursion.

Please check the appropriate boxes:

- ☐ I have read and understand the attached information page for the event/excursion and I consent to the travel arrangements.
- ☐ 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. I have provided to the school all medical information relevant to my child attending this excursion

☐ The [Medical Information and consent form](#) only needs to be completed once per 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 via the link above or 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

PARENT NAME: _____ SIGNATURE: _____

DATE: _____ CONTACT PHONE NUMBER: _____

Office Staff to complete:

Received by: _____

Date: _____

Entered on SAS: ☐