



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

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

Walks On Ngunnawal Country

DESCRIPTION:

Kookaburra and Rosella preschool learners will be participating in local walking excursions within Denman Prospect. We will engage in observations and investigations about our own local natural and built environments. We will explore Indigenous perspectives as we walk on Ngunnawal Country.

DATE:	Local walking excursions will be on-going throughout 2023: 28/3, 9/5, 23/5, 6/6, 20/6, 18/7, 1/8, 15/8, 29/8, 12/9, 10/10, 24/10, 7/11, 21/11, 5/12.
VENUE:	Denman Prospect community
TRAVEL ARRANGEMENTS:	Learners will walk with staff, within the Denman Prospect community
DEPARTURE & RETURN TIMES:	Time frames will vary depending on the season. Learners will be away from the Preschool for between 20 and 60 minutes.
COST:	There is no cost associated with this excursion
CLASSES ATTENDING:	Rosellas and Kookaburras. At times through the year, Year 5/6 learners and their teachers will be joining preschool during walks On Country.
STAFF ATTENDING:	Jo Statton, Nikki Ross, Carole Santinon, Tshering Yanchen, and/or Lochie Skehan, depending on the number of children attending on the day
RATIOS	The ratios for the excursion will be 1:11. Staff will always ensure adequate ratios are maintained.
WHAT TO BRING:	Learners will wear their preschool hat, bring along their water bottle and at times a morning tea snack.
NOTE & PAYMENT DUE BY:	Please return permission notes by Tuesday 21st March. Please note, students will be unable to attend the excursion without signed parent/carer permission.

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,

Nikki Ross: nikki.ross@ed.act.edu.au

Jo Stratton: joanne.stratton@ed.act.edu.au



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Walks On Country

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 and I agree to meet the associated costs. 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/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

PARENT NAME: _____ SIGNATURE: _____

DATE: _____ CONTACT PHONE NUMBER: _____