



St Benedict's Primary School

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Thursday 17th August, 2017

YEAR 1/2 EXCURSION – NATIONAL MUSEUM OF AUSTRALIA

Dear Parents/Carers,

This term Year 1/2 students are participating in an excursion to the National Museum of Australia to support the learning we have been doing in History.

As part of this experience they will attend the Educational Program 'Then and Now'. In this workshop students will handle historical objects and explore the galleries to investigate how life has changed in Australia over the last 100 years.

When	Friday 25th August, 2017
Where	National Museum of Australia, Canberra
Transport	Bus
Time	Depart St Benedict's at 10:30am Depart NMA to return at 2:15pm

Year 1/2 will have an early recess at school and then depart for the museum. On arrival there, we will explore some of the general galleries before having lunch and then we will participate in the guided workshop.

Staff attending this excursion are Mrs Quirk, Miss Walshe, Mr Siljeg and a Learning Support Assistant

Students will be required to **wear their full school uniform, including hat. They will also need to bring their lunch in a labelled paper/plastic bag and a water bottle.** Students with asthma are required to carry their personal Ventolin puffers.

Students **will not** be able to purchase any food or drink at the café and we will not be visiting the gift shop.

Please complete the attached permission note and return it to the classroom teacher by Tuesday 22nd August, 2017.

Kind regards,

Alana Quirk
On behalf of Year 1/2 Teachers

Year 1/2 National Museum of Australia Excursion - Permission Note

Friday 25th August, 2017

Child's Name: _____ Class: _____

I give permission for my child to attend the Year 1 & 2 excursion to the National Museum of Australia on Friday August 25th, 2017.

I also authorise the teachers/instructors to obtain medical assistance deemed necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anaesthetic if such an eventually arises. Listed below are specific medical requirements or other needs relevant to my child participating in the excursion.

Medical Condition (e.g. allergies, asthma)	Treatment Plan (<i>Attach further details if necessary</i>)

Signed: _____ Date: _____

Emergency Contact Name (on the day): _____

Number: _____