



ST BENEDICT'S PRIMARY SCHOOL
PO Box 59, Tallara Parkway
NARRABUNDAH ACT 2604
Telephone: (02) 6295 8027

06 August 2018

**Free Science Week Excursion,
Science in ACTION, Old Bus Depot, Kingston**

Dear Parents,

As part of Science Week we have been invited to attend a free excursion to the Science in ACTION exhibition on Friday 10th August 2018 at the Old Bus Depot in Kingston.

The students in Years 4 - 6 will be traveling to the Old Bus Depot by bus, departing from the school at approximately 9:25am and returning by approximately 12.30pm. Children are required to wear their sports uniform and to bring their hat, morning tea and water bottle in their school bag or a separate smaller bag. Students will be responsible for carrying their own belongings at all times throughout the excursion. There will be no need for money on the day as children will not have an opportunity for any purchasing. Lunch orders may be placed as usual however we will have no access to the Canteen for Recess.

We will have the opportunity to experience many fun-filled, interactive exhibitions showcasing the work of local, national, and international STEM (Science, Technology, Engineering and Mathematics) organisations.

Should you require further information, please contact Mrs Melanie Stratford

Yours sincerely,
Mrs Melanie Stratford

Science Week Excursion: Science in ACTION, Old Bus Depot, Kingston Permission Slip

Child's Name: _____ Class: _____

I give permission for my child to attend the: **Science Week Excursion: Science in ACTION, Old Bus Depot, Kingston on Friday 10 August 2018.**

I also authorise the teachers/instructors to obtain medical assistance which they deem 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.

Signed: _____ Date: _____

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

Emergency Contact Name: _____ Number: _____