

McBryde Crescent
WANNIASSA ACT 2903

PO Box 332
ERINDALE CENTRE ACT

Excursion Information for Parents

Dear Parents and Carers,

The following details relate to an educational excursion to **Wanniassa** which is being organised for ESA Football students.

Dates/time: Monday 31st August 2026, 8:30am – 2:30pm

Location: Wanniassa 2 Playing Fields Hyland pl, Wanniassa

Purpose of excursion: Introduce students to refereeing

Activities: Refereeing football matches.

Clothing and Equipment: Full ESA Gear

Transport: Own Transport

Trip Leader: Anthony Dimoski

Notes to the front office by: 22/07/2026

Excursion Risk Assessment: Available at the front office

Contingency: Students will be advised by email of any changes to the above.

Behavioural expectations: As we are representing the school, it is expected that students will behave in a manner that is appropriate; always displaying good sportsmanship and appropriate language.

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 in the event of an emergency, the teacher in charge is authorized to decide for the welfare of the student (including medical or surgical treatment) at the cost of the parent / guardian (free ambulance transportation only applies in the ACT).

Kind Regards,

Anthony Dimoski
6142 2978

Excursion Permission Note

I give permission for my child _____ in year _____ to attend the Erindale College excursion to **5/6 Tuggeranong Gala Day on 31/08/2026 at Wanniasa 2 Playing Fields Hyland pl, Wanniasa**. All details as outlined in the Excursion Information for Parents (including contingency plans).

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.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

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.

Have you completed a form for the 2026 calendar year? Yes ☐ No ☐

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 ☐

If yes, please provide these details

Name of Parent/Carer: (please print) _____

Signature: _____ Date: / /