ACT Government Education

Erindale College

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 Location which is being organised for Year 11 and 12 Compass Students.

Dates/time: 11am – 12pm Thursday 3rd September 2026

Location: National Gallery Australia Parkes Pl E, Parkes ACT 2600

Purpose of excursion: Students explore the gallery to develop inspiration for their first artwork.

Clothing and Equipment: Small bag (with snacks if required). Any bag larger than an A4 will have to be stored in a locker.

Transport: School bus driven by staff member

Trip Leader: Emmeline Wilson

Cost: $0

Preferred method of payment is by EFTPOS at the Front Office or over the phone (6142 2977). If you prefer to pay online via invoice please email Erin.O'Donohue@ed.act.edu.au and request the invoice. Please include your student's name and what excursion you need the invoice for.

The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

Notes and money to the front office by: 01/09/2026

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 make arrangements 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,

Emmeline Wilson
6142 2977

Excursion Permission Note

I give permission for my child _____ in year _____ to attend the Erindale College excursion to **The National Gallery of Australia on Thursday 3rd September.** 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: / /

REMOVE IF STUDENTS **NOT** TRAVELLING BY **TEACHERS' PERSONAL VEHICLE**

CONSENT FOR STUDENT TRANSPORT BY TEACHER CAR

Travel to the excursion/s detailed overleaf involves the use of private cars. The cars may be driven by parents, teachers or students.

I give my consent to my son/daughter _____ to travel, with any of the drivers listed below, to the venues for the excursions listed overleaf. (Students using their own vehicles should place their name under ***"Drivers Name"*** and complete the other two columns.)

Drivers Name	Car Rego. No.	Car Type	College Approved

Details of licence and insurance policies for the drivers and cars listed are on file at the college.

All vehicles used on college activities, and listed above, are required to be comprehensively insured.

Signature of parent: _____ Date: / /