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Junior Wildlife Scientist Adventure Excursion

15th September 2025 Dear Parent/Caregiver,

Our Prep students have been invited to Bunyaville Environmental Education Centre by Koala Blue to train as wildlife scientists. This is a story-based program, with the day filled with surprise guests and situations that arise to take the children on a journey, all the while learning essential age-appropriate skills. It will be a hands-on, active, imaginative and most importantly, fun day for all. This program will support our ongoing discussions and investigations around the English, Science and Geography curriculum.

Dates:

Monday 20th October – Green and Indigo

Tuesday 21st October – **Blue and Violet** Wednesday 22nd October – **Red and Orange**

Activity Costs:

\$25.00 (invoice to be emailed).

Payment Deadline:

8th October 2025

Payment Options:

Payment can be made by BPoint using the link on your Invoice, by the QParent App if you are registered, or in person at the school office via cash, EFTPOS or cheque. Payment must be received by the deadline above to ensure your child's

participation in this incursion.

Refunds:

The decision as to whether the school will or not refund the payment in part or in full depends on whether the school has incurred any costs associated with the

activity.

Transport:

Bus

Departure/Arrival: 1

Leaving school at 9:00 a.m. and returning by 2:30 p.m.

Wear and Bring:

Students will need to wear their school uniform, (shorts or skorts, <u>no dresses</u>) hat, sunscreen, insect repellent, sneakers and a spare pair of socks. It is a good idea to

pack a raincoat as well, just in case.

Medication:

Any students requiring medication for the day (e.g. Ventolin, Epipen) will need to ensure your teacher is aware of these requirements and appropriate documentation has been completed. Students who take daily medication at school: this will be provided as normal at the regular time by the teacher.

Teachers will carry medication and first aid packs.

Risk:

Due to the nature of these activities, they carry a medium level of risk. School staff are aware of risks around environmental conditions, activities, demonstrations, facilities, group sizes and adult ratios and effective supervision. All students are advised of the process before starting each activity. Provisions have also been made for any students with a disability and/or medical and/or

individual requirements.

Parent Helpers:

Parent helpers will be required to assist on the day. If you would like to assist, please let your child's teacher know. Parent helpers are able to travel

with the classes on the bus if there is sufficient room.

Please complete the attached consent form and return to the office by 8th October 2025.

For further information about the activity, please contact your child's teacher,

Sarah Allan - Excursion Co-ordinator

Sarah Ramsden - Deputy Principal

ACTIVITY CONSENT FORM – Junior Wildlife Scientist Adventure Excursion

| STUDENT NAME: | | CLASS: | |
|--|--|---|--|
| obtain consent for the na help coordinate the excur respond to any injury or r update school records will The information will only be | med child/student to parsion; nedical condition that nater necessary. accessed by authorise have your consent or | may arise during or as a result of the excursion; and ed departmental staff. The information will not be disclosed to any othe we are required or authorised by law to do so e.g. in compliance with | |
| child/student is injured as associated with the injury medical costs may be co- also be covered by your parent/carer to decide the | ation does not have partion does not have parties, including medical covered by Medicare. It provider. Any other controls and level of | personal accident insurance cover for children/students. If a ent or incident while participating in the activity, all costs costs are the responsibility of the parent/carer. Some incidental f the parent/carer has private health insurance, some costs may costs must be covered by the parent/carer. It is up to the private insurance they wish to arrange to cover their child. | |
| attached materia I am aware that the children/students I give consent for I will pay to the set the excursion. I agree to and une In the event of an treatment the children the full that the full that the construction of the construction of the consent for the conse | the information contains the department does the named child/stucthool the costs detain derstand the refund accident or illness, d/student may reasonable costs atment (including any all amount of those of the school with all relement and where relected | not have personal accident insurance cover for udent, to participate in the identified excursion. Siled in this consent form for the child/student's participation in policy as it applies to this excursion (see Excursion costs) school staff may obtain or administer any medical assistance of onably require, including contacting their doctor. Sits incurred by the department in obtaining such medical by transportation costs) and undertake to reimburse the | |
| Parent/Carer | Name: Phone number: Email address: | Date | |
| Additional medical information The school collected medical electronically in OneSchool | Email address: Signature: mation lical information about of the properties of the p | ut your child at registration/enrolment. This information is store letails of any new or updated medical information which may irsion described in the form. | |