

10 October 2023

|                       |   |                    |                  |
|-----------------------|---|--------------------|------------------|
| <b>Event</b>          | National Museum of Australia excursion  |                    |                  |
| <b>Location</b>       | National Museum & Australian Institute of Aboriginal and Torres Strait Islander Studies, Lawson Cres, Acton |                    |                  |
| <b>Date</b>           | Monday 23 October   | <b>Time</b>        | 9:30am – 12:30pm |
| <b>Transport</b>      | Hired coach   | <b>Uniform</b>     | Summer           |
| <b>Cost</b>           | N/A – covered by general levy   | <b>Contact no.</b> | 6243 4243        |
| <b>Return of note</b> | 19 October  |                    |                  |

Dear Parents/Guardians,

The College has organised an excursion to the National Museum of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies for all Year 10 students who are studying History in Semester Two. The purpose of the excursion is an educational tour about Aboriginal and Torres Strait Islander experiences and sources, led by museum guides. This tour is directly related to their current focus in class, which is the history of First Nations' rights and freedoms.

Student should carry with them, in a small bag (e.g. the college PE bag), only the following:

- A pencil and clipboard
- Water bottle
- Personal medication (please provide information in the attached form)

For further information, please do not hesitate to contact us on 6243 4100 before the excursion.

Yours sincerely,



Stephen Powell, Nicola Bartasek and Karen Evans

History Teachers

# Archdiocese of Canberra and Goulburn Consent Form

|                     |                               |
|---------------------|-------------------------------|
| Excursion To        | National Museum of Australia  |
| Date(s)             | Mon 23 October 2023           |
| Location            | NMA, Lawson Cres, Acton       |
| Organising Teachers | N Bartasek, K Evans, S Powell |

| Student Details |  |    |  |
|-----------------|--|----|--|
| Surname         |  |    |  |
| Given Name      |  |    |  |
| Date of Birth   |  |    |  |
| Year            |  | PC |  |

| School            | Merici College, Braddon, ACT |
|-------------------|------------------------------|
| Emergency Contact |                              |
| Name              |                              |
| Phone             |                              |
| Relationship      |                              |

| Student Medical Details   |  |    |   |
|---|--|----|---|
| Please detail any medical conditions and treatment plans for your child, relevant to this excursion that we have not already been notified about. |  | OR | No changes or new medical information <input checked="" type="checkbox"/> |
|   |  |    |   |
|   |  |    |   |
|   |  |    |   |
| Student Dietary Requirements<br>Please outline your daughter's special dietary requirements.  |  | OR | No changes or dietary information <input checked="" type="checkbox"/>     |
|   |  |    |   |
|   |  |    |   |
|   |  |    |   |

| Parental Consent  |
|---|
| <p>I give my consent for her to participate in this excursion and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take appropriate disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above-mentioned activity.</p> <p>I submit the attached medical information about the abovementioned student and include details of limitations, which he/she has for the activities concerned.</p> <p>If I cannot be contacted to give approval for medical assistance, I authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur. If I am unable to be contacted to give approval, I further authorise qualified medical practitioners to administer anaesthetic if such an eventuality arises. I agree to pay all medical expenses incurred on behalf of the abovementioned student.</p> <p>I accept that my child is to behave in an appropriate manner and have explained this obligation to her. I agree that if my child seriously contravenes behavioural expectations she may be immediately excluded.</p> <p>I give permission for images taken on this excursion of my child to be used by the school in school and system publications, both print and electronic. Please note that Merici can accept the returning of permission notes from a registered parent/guardian email address. A printed copy is optional.</p> |

|                           |  |
|---------------------------|--|
| Parent/Guardian Signature |  |
| Date                      |  |