



Education and Training

# MAJURA PRIMARY SCHOOL

**Knox Street, Watson ACT 2602**

Phone (02) 6142 3140 Fax (02) 6142 3141  
 admin@majuraps.act.edu.au www.majuraps.act.edu.au



## PARENT CONSENT FORM

### Dickson College

Year 12 students from Dickson College aim to work collaboratively with Majura Primary school students to inspire and cultivate STEM interest. The college students will be demonstrating and discussing safety requirements before conducting lab demonstrations and chemical activities. Year 6 will have the opportunity to work with the year 12 students on making two polymers. They will be making elephant toothpaste, conducting flame and hydrogen gas tests and experiments with dry ice. Our aim during this opportunity is to develop student's interests in science and ready them for the opportunities in the future.

<b>DATE OF DEPARTURE</b> Tuesday 17 <sup>th</sup> October	<b>TIME OF DEPARTURE</b> Group 1- 9.05am Group 2- 12:00pm
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<b>DATE OF RETURN</b> Tuesday 17 <sup>th</sup> October	<b>TIME OF RETURN</b> Group 1- 11:30am Group 2- 2:30pm
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<b>CLASSES INVOLVED</b> Year 6 Kremlins, Newgrange and Studley Royals	<b>TEACHER IN CHARGE</b> Rebecca Spoons
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<b>PARTICIPATING STAFF</b> Rebecca Spoons, Rami Paul, Amy Craven	<b>MODE OF TRANSPORT</b> Walk
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<b>COST PER STUDENT</b> <b>NO CHARGE</b>	<b>EMERGENCY PHONE</b> (02) 6142 3140
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### **ADDITIONAL INFORMATION**

Students will be organised into two groups prior to the excursion and will be walking to Dickson College from school. Morning and afternoon tea will be provided for both groups. Group 1 will have their lunch on return from the excursion and group 2 will be eating their lunch before they head. Students are not required to take anything with them except their hats for the walk.

**Tristan Early**  
Acting Executive

**Daniel Zobel**  
Principal

**Please fill in the attached form and return it to the front office by:**

Notes will not be accepted after this date.

**Tuesday 10<sup>th</sup> October**



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**PLEASE RETURN TO THE FRONT OFFICE BY Tuesday 10<sup>th</sup> October**

Child's Name \_\_\_\_\_ Class Teacher \_\_\_\_\_

I consent to my child attending **Dickson College, Chemistry Department**

- I authorise for the teacher in charge to make arrangements for the welfare of my child (including medical) in an emergency
- I agree to meet the costs associated with an emergency arrangement made by the teacher in charge – fee of ambulance transportation (free within the ACT).
- I agree that the student will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action.
- I agree to the student travelling by private car, driven by a staff member, if applicable.

*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.*

### **Students will be conducting experiments where they will be exposed to a variety of chemicals.**

- Students will be wearing the necessary safety equipment, goggle and aprons, during all experiments.
- The following chemicals will be used throughout the day; hydrogen peroxide, potassium iodide, dry yeast, food colouring, detergent, various heavy metal salts i.e. copper sulphate, copper nitrate, copper oxide, corn starch, thermosensitive pigments, sodium chloride, magnesium strips and hydrochloric acid.

**Please advise your child's teacher in writing if they have any allergies to these chemicals or if there are any concerns.**

I have read the attached information regarding this excursion and understand what it contains.

Full name of parent/carer: \_\_\_\_\_ (please print)

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Contact Numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_