

**Year 8 Questacon Excursion****Thursday 5<sup>th</sup> July, 2018****9:30 am – 2:45pm****\$25**

Dear Parent/Guardian,

Thursday of week 10, July 5<sup>th</sup>, will be spent at Questacon by all Year 8 students. Questacon is a fun and interactive learning experience which promotes greater understanding and awareness of science and technology. We have the opportunity to take all Year 8 students to visit Questacon as a celebration of their achievements this semester. It is an opportunity for the students to spend a day with peers interacting with exhibitions and viewing interactive shows.

Minimal supervision will be provided at school as all year groups are relocating for different excursions. It is an expectation that students will attend their year group excursion. If for any reason cost is a concern please contact Nicole Flegg.

Students will travel via charter bus and be accompanied by staff members from the school.

Cost \$25 (Includes bus fare)

Teachers in charge: Nicole Flegg

**Requirements for the Day**

Students need to wear full uniform including school polo shirt, black pants or skirt, sensible footwear and black school jumper as required.

Students should also consider bringing a packed lunch, snacks as well as a bottle of water. Questacon has a café and gift shop which the students will be able to visit to make purchases should they like.

Nicole Flegg

Bruce McCourt  
Principal, Calwell High School

*If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education and Training Directorate (ETD) (XXX School). This information is necessary for us to be able to manage student participation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion.*

*Normally we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose.*

*Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion. (Drafting note: disclosure overseas reference may be omitted for local excursions.)*

*The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website ([www.det.act.gov.au](http://www.det.act.gov.au)) on the About Us page.*

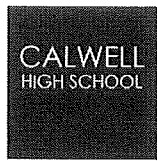
*Excursions are an optional enrichment activity and parents are expected to cover the costs incurred.*

*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. Students who misbehave during an excursion may be excluded from further participation and/or returned home at the expense of the parent/guardian.*

*When students need to arrange their own transport to and from the event it is the responsibility of the driver to ensure he/she carries the required driver's licence, that the vehicle is appropriately registered and insured, is roadworthy, and the number of passengers does not exceed the seat belt provision of the vehicle.*

*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 are not negligent. Parents should warn children of risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. Normal school rules apply for the duration of this excursion.*

**PRINCIPAL BRUCE MCCOURT**111 CASEY CRESCENT, CALWELL, ACT 2603 ■ PHONE (02) 6142 1930  
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*Students with an unacceptable behaviour record may be excluded from attending excursions. This decision will be made by the organising teacher in consultation with Student Services Staff, Deputy and Principal.*

### Year 8 Questacon Excursion

Please return to the front office with payment of \$25 by Friday 29 July

I give permission for my child \_\_\_\_\_ to attend the excursion to Questacon on the 5<sup>th</sup> July 2017 from 9:00am to 2:45pm

I have read the attached information regarding this excursion and understand what it contains, including:

- Transport Arrangements** – on Thursday 5<sup>th</sup> July students will travel by bus to and from Questacon. Students will arrive back at school at 2:45pm and be dismissed at 3.05pm.
- Cost** - I am aware that the total amount of \$25 must be paid to the front office by **29<sup>th</sup> June, 2018. If for any reason this payment date cannot be met please contact Nicole Flegg, supervising teacher, to discuss alternative options.**
- Medical** - In order to participate in this event, each student is required to have a completed medical form Medical attention may be sought if the teacher in charge deems it necessary, and I authorise the teacher to make these arrangements. I agree to meet the costs of any such decisions.
- Authority** – My child is under the authority of the school for the duration of the excursion, and the teacher in charge is authorised to return the student home at the expense of myself as parent/guardian if the teacher considers that circumstances warrant such action.

I, the parent/carer can be contacted on the following phone number(s) on the day of the excursion:

(h) \_\_\_\_\_ (w) \_\_\_\_\_ (mob) \_\_\_\_\_

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

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

Payments are non-refundable and can be made in the following ways:

- Cash, paid directly to the Front Office
- Transfer to the following account, using your child's name as a reference:  
BSB 032777 Acct 001068

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### EXCURSION MEDICAL INFORMATION AND CONSENT FORM

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a category C & D excursion, overseas excursion, sports and all outdoor adventure activities.  
A copy of each student's form must be taken on the excursion.  
The department collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*.  
Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Student's Name: ..... Date of Birth: ..... Sex:  M  F  
 School:..... School Year:..... Camp/Excursion: .....  
 Parent/Carer: .....  
 Address: .....  
 Contact Telephone Nos - Business Hours:..... After Hours..... Mobile:.....  
 Other Contact for Emergency: ..... Telephone No: .....  
 Name of Student's Doctor: ..... Telephone No: .....  
 Medicare No: ..... Private Health Fund: ..... Membership Number... ..  
 Ambulance Fund:..... *NOTE: Parents are responsible for ambulance costs outside the ACT*  
 Date of last tetanus injection: \_\_\_\_\_

**Please tick if your child suffers any of the following:**

- |                                      |   |  |  |   |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies   | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> asthma      | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
|                                      |   |  |  | <input type="checkbox"/> sun screen sensitivity |

other - .....

Describe what happens for any of the conditions ticked above \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment? **Yes  No**

If Yes, (and for anaphylaxis\*, asthma\*, diabetes\* or epilepsy\* conditions) a General First Aid Plan is to be completed and provided to the school along with specific instructions provided by the doctor. This form is available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? **Yes  No**

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion \_\_\_\_\_

Is the student presently taking any medication? **Yes  No**

If YES, please state name of medication, dosage, etc: \_\_\_\_\_

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief **Yes  No**

Are you aware of any physical or psychological limitations of your child? **Yes  No**

Please give details. \_\_\_\_\_

Is there any other information which you believe may help us to provide the best possible care? \_\_\_\_\_

**Consent to medical attention.** In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

**Signed:** \_\_\_\_\_ **Parent/Carer** **Date:** \_\_\_\_\_