**Update -Luna Park**

***Information for students who have not yet returned a note (and would like to attend)***

Dear Parent/Guardian,

This note contains information about the upcoming Luna Park excursion.

Due to the high level of interest we have decided to book another bus. This means that we are now able to take additional students to this trip.

If your child would like to attend this trip please complete the permission note and medical forms attached.

We will be visiting Luna Park on Friday, week 8 (8th September) from 9am to 9pm. Students will arrive at school at the normal time, get marked off their tutor roll and will then head via bus to Sydney.

**Date**: Friday 8th September

**Times:** 9am - 9pm (updates on travel back will be given via the school Facebook page)

**Cost**: $100 (includes bus fare and all rides (excluding side show alley))

**Staff attending**: Steve McKellar, Karishma Reddy, Courteney May

**Venue**: Luna Park, Sydney

If you have any questions please contact Stacey Griffiths via 6205 6833 or stacey.griffiths@ed.act.edu.au.

Sincerely,

Stacey Griffiths

SLC Science / Technology

Calwell High School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Luna Park permission note - additional bus**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent name) give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of year \_\_\_\_\_\_ to attend the **Luna Park excursion on the 8th of September**. I understand that my child’s attendance at this excursion is provisional on their upholding of school values and expectations.

Parent contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

*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: o M o 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:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *o allergies**o anaphylaxis**o asthma**o other -*  | *o blood pressure**o diabetes**o eczema* | *o epilepsy**o fainting**o fits or blackouts* | *o hayfever**o headaches**o heart condition* | *o nose bleeds**o reaction to drugs**o sight/hearing problems**o sun screen sensitivity* |

*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 o No o***

*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 o No o***

*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 student's 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***