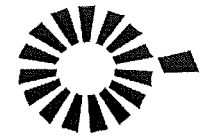




**ACT**  
Government  
Education



**HARRISON**  
SCHOOL

Monday, 24 July 2017

Dear Parents/Carers,

9/10 Outdoor Education students will be embarking on a practical lesson based outside of the school grounds. Students will be taking the school bus to Canberra Indoor Rockclimbing in Mitchell to experience indoor rockclimbing. **Please note, students must be up to date with all course work before being allowed to participate in practical excursions outside school grounds.**

**Venue:** Bus from Harrison School to Mitchell Rock Climbing Centre and return.  
**Dates and times:** 1.10pm - 2.55pm on Tuesday 1 August and Tuesday 15 August 2017  
**What to bring:** Harrison School's PE uniform. Lunch and drink bottle in a backpack.  
**Cost:** \$28

Students need to pay for the excursion by the due date, any concerns please contact Mr Lansdowne. 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.

If you have further queries about this excursion please contact me at the school on by email, [allan.landsowne@ed.act.edu.au](mailto:allan.landsowne@ed.act.edu.au)

Allan Lansdowne  
Outdoor Education Coordinator

**Return permission note, medical form and payment to the Senior Front Office no later than Friday 28 July**



## OUTDOOR ADVENTURE ACTIVITY: Indoor Rock Climbing

Permission note:

I give permission for my child ..... to take part in indoor rock climbing at Mitchell Indoor Rock Climbing Centre, during the following dates Tuesday 1 August and Tuesday 15 August 2017.

I have enclosed \$28

*The ACT Department of Education and Training is an agency of the ACT Government (the Territory). The Territory has insurance arrangements in place in order to meet certain liabilities. The Territory meets claims (including claims resulting from school activities or excursions) against it where there is a legal liability to do so. Liability is not automatic and depends on the circumstances in which the injury or illness was sustained. Parents should obtain their own advice about private insurance protection that may assist in meeting expenses if their child is injured or suffers an illness in circumstances where there is no liability on the part of the Territory.*

*If the outside provider of the service or activity has requested that you sign a waiver or disclaimer statement, the ACT Department of Education and Training recommends that you consider carefully any risks involved before proceeding.*

- I authorise the teacher in charge of this excursion to make arrangements for the welfare of my child, including medical or surgical treatment in an emergency. I also agree to meet the costs associated with any emergency arrangement.
- I agree to meet the costs associated with any emergency arrangement made by the teacher-in charge (free ambulance transportation applies only in the ACT)
- I agree that my child 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 the circumstances warrant such action.
- Please complete the attached medical form which will include information about current medical requirements and/or other needs of the child relevant to the activity
- The Excursion Medical Information and Consent Form must be completed and returned to the school prior to the excursion.
- I understand that video and photographic material may be taken of my child on the excursion for assessment, display, moderation and publicity purposes and give permission for this to occur.

As outdoor adventure activities are generally optional enrichment activities, payment is required to cover costs. Schools have an equity fund that can be used to provide financial assistance for students whose parents are unable to make the requested contribution.

Full name of parent/guardian (please print):.....

Signature of parent/guardian: ..... Date: .....

Contact Number .....

Fee Code: RCLIMB 910



# 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 an excursion involving day travel beyond the ACT or an excursion including overnight accommodation regardless of the distance from the school. It is also intended to be used for an overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken along 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 1988* (Commonwealth). Parents/carers must note that in the absence of an **Emergency Treatment Plan** only standard first aid will be administered.

Student's name: ..... Date of birth: ..... Sex:  M  F

School: ..... School year: ..... Camp/Excursion: Indoor Rock Climbing

Parent/Carer: .....

Address: .....

Contact telephone numbers: 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/carers are responsible for ambulance costs outside the ACT.

Please tick the relevant box(es) below if your child suffers from any of the following:

- allergies                       diabetes                       fits or blackouts                       motion sickness                       nose bleeds
- anaphylaxis                       eczema                       hay fever                       muscular/skeletal complaint                       reaction to drugs
- asthma                       epilepsy                       headaches                       sight/hearing problems
- blood pressure                       fainting                       heart condition                       sunscreen sensitivity
- Other: .....

If you have ticked any of the boxes above, an **Emergency Treatment Plan** must be provided. Proforma plans are available from the school. **NOTE: The school will provide standard first aid treatment only unless an Emergency Treatment Plan is provided.**

Date of last tetanus injection: .....

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 before 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

I consent to my child receiving ibuprofen. Yes  No

Are you aware of any physical or psychological limitations of your child? Please give details.

**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 (and, if applicable, treatment as outlined in the **Emergency Treatment Plan** I have provided to the school). I further authorise the school, where it is not practicable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs that may be incurred for the medical treatment, ambulance transport and drugs relating to my child.

### Emergency Treatment Plan

I have attached an Emergency Treatment Plan Yes  No

If yes, indicate date of plan and doctor's name and contact information.

Parent/Carer signature: ..... Date: .....