



Tuesday 7 March 2016

Dear Parents/Carers,

The 7/8 Outdoor Education Coast trip is a 2 day/ 1 night trip. Students will be guided through water based activities by Coast life adventures, who are Outdoor Adventures company based at Tathra, NSW. Students will experience variety of water based activities, with a big emphasis on water safety. This will also be a chance for them to practice skills that they have learnt at school. The gear list is below but the school does have spare gear to hire if needed.

Venue	Tathra Beach Motor Village, Tathra NSW
Outdoor Education Class	7/8 A Outdoor Education
Dates	Thursday 30 March to Friday 31 March 2017
Departure From School	1.10pm Thursday 30 March
Return to School	8pm Friday 31 March
Transport	Students will be taken to venue by School bus
Cost	\$157
Trip leader	Allan Lansdowne, OEd teacher at Harrison School, Cert 3 Outdoor Rec, Senior First Aid,
Other Staff	Roxy Mckay, Jess Cooper

What to bring:

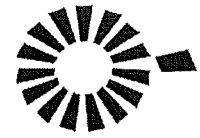
<ul style="list-style-type: none"> 1 sleeping bag (Available to borrow from school) 1 Tent per group (2/3 students)(Available to borrow from school) 1 Sleeping mat (Available to borrow from school) 1 Pair of Sturdy Sports shoes. Thongs/sandals 2 pairs of socks 2 pair of underwear 2 shirts 1 rain jacket (Avaliable to hire from school) 1 pair of pants (Jeans not recommended) 1 pair of shorts 1 warm fleece jumper 	<ul style="list-style-type: none"> Sunscreen 1 Cutlery set (Spoon, knife, fork, bowl, plate and cup) 1 toiletries set (No need for make up) 1 torch 1 soft / travel bag to carry all equipment. 1 plastic bag to carry wet clothes 1 water bottle 1 hat Swimmers Board Shorts Rashvest or Spare t shirt Towel
---	---

What not to bring:

No food (lollies, sweets), portable music devices and other valuables. Teaching will take not responsibility for loss or theft of items. Mobile phones are allowed but should only be used to contact parents at the end of camp.



ACT
Government
Education



HARRISON
SCHOOL

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.

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this camp/excursion. The school has made every effort to keep costs for this activity at a reasonable level. This is an enrichment activity so a payment will be required to cover all costs. The school reserves the right to cancel the activity should all costs not be covered. Individual records of contributions are confidential.

Permission notes are to be received at Senior Front office no later than Thursday 23 March 2017

Outdoor Education Excursion 30/31 March 2017

Permission and Medical notes to be returned to school no later than Thursday 23 March.

Permission for swimming and aquatic activities

NOTE: The information that you provide will assist to provide a safe environment for your child's participation in swimming/aquatic activities.

Please describe in detail your child's swimming ability, e.g. water confidence, swimming strength, distance (swimming continuously) and ability to tread water.

Please list any special requirements necessary for your child to participate in swimming/aquatic activities.

I agree to my child taking part in swimming/aquatic activities associated with this excursion.

Parent/guardian signature:

Name of Parent / Carer: (*please print*) _____

Signature: _____

Date: _____

Contact phone number on the day: _____

The swimming proficiency test for surf activities:

. A student will be deemed a proficient swimmer if they can:

1. perform a slide-in-entry and walk through 5 metres of water with acceptable stability and co-ordination
2. swim continuously for 50 metres using an action that resembles a stroke
3. perform survival skull, float or tread water for 5 minute in deep water. Call for help once within the minute
4. exit water unassisted, and
5. perform a voice rescue to a buddy who is pretending to be in trouble. Reassure the victim and encourage them to a point of safety. Call for assistance.

(Teacher: Allan Lansdowne)



OUTDOOR ADVENTURE ACTIVITY:
Permission Note to Be Signed by Parents

I give permission for my child to take part in the Coast trip at Batemans Bay on Thursday 30 March to Friday 31 March 2017.

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 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:

(Teacher: Allan Lansdowne)



Dietary Requirements for Coast Trip

Dear Parents and Carers,

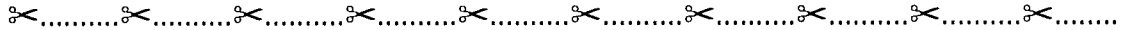
All food is provided as part of the camp and included in the camp cost.

Please use the form below to indicate any special dietary requirements for your child and return to school with other camp forms to the senior front office.

Should you have any further questions please feel free to contact me.

Kind regards,

Allan Lansdowne
Camp Coordinator



Dietary Requirements for Outdoor Education 7/8 Coast trip

Return note to Senior Front Office

Student's Name:

Homeroom:

My child has NO special dietary requirements

My child has the following dietary requirements:

.....
.....
.....

Parent/guardian signature:

Date:

(Teacher: Allan Lansdowne)

EXCURSION MEDICAL INFORMATION AND CONSENT FORM



Education and Training

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: Three Day Bushwalking Expedition
 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:

- | | | | | |
|---|-----------------------------------|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> diabetes | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> motion sickness | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> eczema | <input type="checkbox"/> hay fever | <input type="checkbox"/> muscular/skeletal complaint | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> epilepsy | <input type="checkbox"/> headaches | | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> blood pressure | <input type="checkbox"/> fainting | <input type="checkbox"/> heart condition | | <input type="checkbox"/> sunscreen sensitivity |
| <input type="checkbox"/> 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: