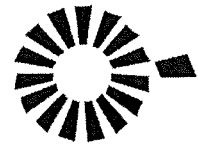




**ACT**  
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Education and Training



**HARRISON**  
SCHOOL

**Excursion to Warrambui for 1/2EP 1/2KS 1/2KW 1/2LD 1/2NE**

Dear Parent/Carer

Please complete and return to the front office no later than: **Tues 26/3**

**COST: \$50.00** Cost Covers: Travel  Entry  Program  Other

**NOTE:** I accept that if my child is sick or unable to attend, **NO** refund will be provided from the school if written notification is received less than 7 days before the excursion.

Excursion date: **Tuesday 2 April 2019**  
 Departure time: **9:15am** Return time: **2:45pm**  
 Excursion venue: **Warrambui Retreat Murrumbateman**  
 Mode of transport: **Chartered bus**  
 Excursion requirements: **See back of note**

**NOTE:** Students going on the excursion are required to wear official school uniform

Teacher in Charge: **Kylie Watson & Mary Pezzella**

Contact details: **Kylie.Watson@ed.act.edu.au**

**CHILDREN WHO HAVE NOT RETURNED A SIGNED PERMISSION FORM  
WILL NOT BE ABLE TO ATTEND THE EXCURSION**

✂.....

I consent for my child \_\_\_\_\_ in \_\_\_\_\_ to attend  
**Warrambui on Tuesday 2 April 2019**

I have paid the amount of : **\$50.00**

**CASH**  **CHEQUE**  **WESTPAC QUICKWEB**  **CREDIT CARD**

Westpac Quickweb: use PAYMENTS tab on school website home page/Credit card details provided on payment envelope

I have read the information at the top and back of this permission form regarding this excursion and understand what it contains.

Signature: \_\_\_\_\_ QuickWeb Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Contact number for parent/carer during this excursion: \_\_\_\_\_

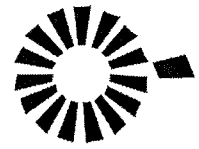
**Office Use Only:** Family Key: \_\_\_\_\_ OPT. FAMB \_\_\_\_\_ Fee Code: **WARRA**  
 Student Key: \_\_\_\_\_



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This excursion will provide the students with the opportunity to participate in team building activities to help prepare them for the Year 3 camp. Students will experience a camp environment without staying overnight. They will participate in different activities and enjoy a cooked lunch together.

What do student's need to bring on the excursion:

Small backpack with a hat, sunscreen and water bottle. Students are to wear appropriate footwear.

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.

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 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/carer if the teacher in charge considers that circumstances warrant such action.

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.

While all contributions towards school events are voluntary, we welcome the support of our parent community, so that this is a viable outing for all students. If you have concerns about the payment, please contact the Principal or Business Manager on 6142 2200.



# 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: .....

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: .....



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**Dietary Requirements for 1/2 Warrambui**

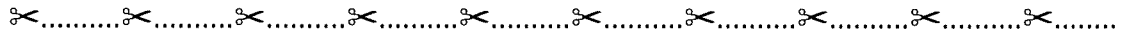
Dear Parents and Carers,

Please use the form below to indicate any special dietary requirements for your child and return all forms to school by Tuesday 26 March 2019

Should you have any further questions please feel free to contact the Excursion Coordinators.

Kind regards,

Kylie Watson & Mary Pezzella  
Coordinators



**Dietary Requirements for 1/2 Warrambui**

Please return all notes to school by Tuesday 26 March 2019

Student's Name: .....

Roll Group: .....

My child has no special dietary requirements

My child has the following dietary requirements:

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

Parent/Guardian signature: .....

Date: .....

(Organising Teacher: Kylie Watson & Mary Pezzella)