



ACT
Government
Education



HARRISON
SCHOOL

Thursday, 11 May 2017

Outdoor Education Orienteering Excursion

Dear Parents/Carers,

Students in Outdoor Education will be embarking on an orienteering trip as part of their Orienteering unit. This will provide opportunities for students to put into practice mapping and navigation skills which they have learnt throughout the unit.

Venue	Goorooyaroo Nature Reserve
Outdoor Education Class	9/10 Outdoor Education
Date	Thursday 25 May 2017
Session time start	12.15pm
Return back to school	2.55pm
Transport	School Bus
Cost	\$13 per student
Staff Attending	Allan Lansdowne, OEd teacher at Harrison School, Shaun Hodson

Degree of difficulty: Students will be walking/running continuously, therefore a reasonable level of fitness is required for this activity.

Student information:

Gear list

- Daypack
- Drink bottle
- Packed lunch
- Harrison PE Uniform
- Rain jacket (if raining)

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.

The school may need to cancel the excursion if insufficient numbers of students can attend the excursion.

Permission note and payment must be received at Senior Front Office no later than Monday 22 May



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OUTDOOR ADVENTURE ACTIVITY:
Permission note:
Permission Note to Be Signed by Parents

I give permission for my child to take part in the
Orienteering excursion to Gorooyaroo Nature Reserve on Thursday 25 May 2017.

I have enclosed \$13

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 agree to my child travelling by private car, driven by a staff member, parent/carer*
- *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.*
-

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

Signature of parent/guardian: Date:

Fee Code: ORIEN9100E



Education and Training

OUTDOOR ADVENTURE ACTIVITY INFORMATION FOR PARENTS/CARERS LETTER TO PARENTS/CARERS MEDICAL INFORMATION AND CONSENT FORM

Dear Parents/Carers

I am attaching a Medical Information and Consent Form and request that you complete and return it to the school as soon as possible.

The information you are asked to give on the attached form will be used to record your child's medical, emergency information and other details. The contents and use of this form meet the requirements of the *Privacy Act 1988* (Commonwealth) and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the information omitted will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

To ensure that the information on the form is accurate and current, you are asked to advise the school immediately of any changes.

You will also be asked to complete a new form at the beginning of each school year.

Management of Medical Conditions

The Department is committed to providing a safe and healthy environment for students. School staff has a duty of care to students to provide first aid assistance when required; however, schools cannot be responsible for the general management of medical conditions.

In special circumstances, staff may be able to assist with the administration of medication to students. In these cases, principals must make sure that the student's parents/carers provide a comprehensive written authority to the school as well as a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

Emergency Treatment Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy

If your child suffers from anaphylaxis, asthma, diabetes or epilepsy, you are asked to indicate this on the attached Medical Information form. For students who are known sufferers of one or more of these conditions, an **Emergency Treatment Plan** must be completed, signed by parents/carers and the student's doctor, and provided to the school. Proformas for these plans are available at the school's front office. In the absence of a written and signed Emergency Treatment Plan, only standard first aid can be given in an emergency.

Emergency Treatment of an Asthma Attack

Please read this section carefully and seek clarification from your family doctor if necessary.

The student's Emergency Treatment Plan will be followed where a student requires first aid treatment for his or her condition. If the student suddenly collapses at school and/or has difficulty in breathing, professional help will be sought immediately, as with all medical emergencies.

Where indicated, a bronchodilator inhaler device ('puffer') will be administered while awaiting medical assistance, whether or not the student is known to have pre-existing asthma or other health problems. This treatment could be life saving; ACT Health (Department of Thoracic Medicine, The Canberra Hospital) advises that bronchodilator inhalers are safe and are accepted as a first-line therapy to be used in emergency procedures for asthma.

Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device

If your child suffers from anaphylaxis, you should ask your child's doctor for a written **anaphylaxis treatment plan** signed by your doctor and yourself as the parent or carer. In the absence of a written and signed anaphylaxis treatment plan, only standard first aid can be given in an emergency and staff will be unable to administer adrenaline.

Medical Services for Students Attending ACT Government Schools

ACT Health advises that the arrangements set out below apply to students in ACT Government Schools involved in school accidents requiring ambulance transportation and/or treatment in accident and emergency sections of either public hospital in the ACT.

Ambulance Transportation

In the ACT – Students injured while under supervision at school or in a school-related situation *in* the ACT are transported free of charge to the accident and emergency section of either public hospital in the ACT. Free ambulance transportation applies *only in* the ACT.

Outside the ACT – Free ambulance transportation does *not* apply if the excursion or other school trip takes place *outside* the ACT. Any charge levied will be at the expense of the student's parent or guardian. Parents and carers are reminded to check their private health cover for ambulance transportation *outside* the ACT.

Casualty Treatment

1. Under Medicare arrangements, no charges are raised for services provided at the accident and emergency sections of ACT public hospitals.
2. If a student is subsequently admitted to hospital after receiving treatment in the accident or emergency section, he or she will be automatically classified as a Medicare patient and no charge will be raised (unless you elect otherwise – see below).
3. If you elect to have your child treated by a doctor of your choice, a hospital charge will apply. The doctor may also charge for their services. You are advised to have private medical insurance if you wish to choose this option.

Your cooperation in completing and returning the attached form promptly is appreciated.

Your faithfully

Jason Holmes



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:

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: