

Year 9 War Memorial Excursion

Dear Parent/Guardian,

Year 9 students will attend the World War One exhibition section of the Australian War Memorial to conclude the in depth study we have been undertaking this semester. There will be a guided tour and time to revisit areas of interest.

Date:	Friday May 5, 2017
Time:	9:30am – 1:30pm
Where:	Australian War Memorial, Campbell ACT
Financial contribution:*	\$20
Year Group/s:	9
Travel information:	Students will travel to and from this excursion via action bus
Dress code:	Full school uniform must be worn
What to bring:	Packed lunch, enclosed shoes, water bottle, hat
Staff attending:	Katie Langridge, Mel Timpson
Staff contact number on day of excursion:	0466 418 594

** The cost of this excursion should not be confused with voluntary contributions. This is an optional enrichment activity that our school is facilitating and payment is required to cover the costs incurred. The school has made every effort to keep costs for activities at a reasonable level. If your child does not participate in this optional excursion an alternate program will be offered at school.*

Please keep this cover page and return the attached permission note, payment slip and EXCURSION MEDICAL INFORMATION AND CONSENT FORM to the front office by **Wednesday May 3, 2017**.

Kind regards,

Katherine Langridge

6/4/17

Year 9 Australian War Memorial Excursion Permission Note

Student name: _____ Class: _____

I agree and understand:

- to give authorisation for the teacher in charge to make arrangements for the welfare of the student including medical or surgical treatment in an emergency.
- to meet the costs associated with any emergency arrangement made by the teacher in charge.
- excursions will not be available to students who do not display acceptable behaviour both in and out of the classroom; the school considers excursions a privilege, not a right.
- that the student will be under the authority of the school for the duration of the excursion, and that the school is authorised to return the student home at the expense of the parent/guardian if the school considers that circumstances warrant such action.
- that 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.
- that staff members are not responsible for injuries or damage to property, which may occur on an excursion where, in all circumstances, staff has not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I, being the parent/guardian of _____ have read and understood the information provided above. I have completed the attached EXCURSION MEDICAL INFORMATION AND CONSENT FORM. I understand that children will be traveling to and from the venue by Action Bus. I give permission for my child to take part in the excursion to the Australian War Memorial at cost of \$20 on Friday 5 May, 2017.

Parent/Carer name: _____ Mobile: _____

Sign: _____ Date: _____

PAYMENT SLIP: Yr 9 Australian War Memorial Excursion - \$20

Name of student: _____ Year Level: _____

PREFERRED PAYMENT METHOD: www.kss.act.edu.au –Payment – QuickWeb (automatic procedure with receipt) or
Cheque/Cash/Visa/MasterCard payments - *Please circle appropriate payment type*

Card Number:

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Cardholder's Name: _____

Expiry Date: ____/____/____

Signature: _____

Amount: \$ _____

****Please return this note to the front office by 3/5/17****



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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 Directorate 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.

HOME ROOM OR ROLL GROUP _____

Personal details

Student's Name:		Date of Birth:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
School:	Kingsford Smith School	School Year:		Camp/Excursion:	
Parent/Carer:					
Address:					
Contact Telephone Nos					
<i>Business Hours:</i>		<i>After Hours:</i>		<i>Mobile:</i>	
Other Contact for Emergency:				Telephone No:	
Name of Student's Doctor:				Telephone No:	
Medicare No:		Private Health Fund No:		Membership No:	
Ambulance Fund: NOTE: Parents are responsible for ambulance costs outside the ACT.					

Please tick if your child suffers any of the following:

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hayfever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| <input type="checkbox"/> other (please specify) | | | | <input type="checkbox"/> sun screen sensitivity |
- _____

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection:	
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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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state name of medication, dosage, etc. (Please note: 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 students name, dosage and frequency of administration.):	
I consent to my child receiving paracetamol for temporary pain relief?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of any physical or psychological limitations of your child? 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: Date...../...../.....
(Parent/Carer)