



Campbell High School
Treloar Crescent, Campbell, ACT 2612
Phone 02 6142 3166
Principal: Steve Collins



ACT
Government
Education

Payment Slip

1 Student's full name _____ Year/Contact Group: _____

2 Excursion Date: 23/08/19 (and recurring Mondays throughout semester – parents to be notified of dates in advance)

Total Cost to student: \$0 (Students will be able to purchase a small healthy snack on site)

3 Excursion Details

Excursion to: Hassett Park, Provan Street Campbell; Campbell 5 development cafes

Teachers: Andrew Murphy

TOTAL PAYMENT \$ _____ Cash Cheque EFTPOS Credit Card

Credit Card Details

Card No: _____ Expiry Date: ____/____/____

Name on card: _____ Mastercard Visa

Card Holder Signature: _____

EFTPOS Facilities are also available for payments

(Payments can be made in person to the finance office between 8.30am & 2.00pm)

DIRECT DEPOSIT

Campbell High School direct deposit details are as follows:

Westpac Bank
BSB number: 032777
Account number: 001084

Please ensure you put a brief description when you process the payment with your bank and email full details of your payment to finance@campbellhs.act.edu.au



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Excursion Information for Parents

Dear Parent/Carer,

The following details relate to an educational excursion being organised as part of the Year 9 English program at Campbell High School.

During this excursion, students will walk to Hassett Park, Campbell, to participate in a teacher-guided reading and reflection session. Students will also enjoy a picnic whilst reading; students will be offered the opportunity to purchase a healthy snack from a café within the Campbell 5 development. Alternatively, students are welcome to bring a healthy snack from home if preferred.

Students will then walk back to Campbell High School before the school lesson concludes. This excursion will not impact any other classes.

Students are expected to wear their Campbell High School uniform.

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.

For your child to participate in this excursion, please complete the *Excursion Information for Parents/Carers* (overleaf) and the *Excursion Medical Information and Consent Form* (attached).

Yours faithfully,

Steven Collins
Principal

Date: 15/8/19



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Excursion Requests for Voluntary Contributions

TYPE 1

Excursions/Activities

Requests For Payments Towards Parent-Supported Optional Items, Activities And Services

The following words are to be used in all communications to parents where a request is made for a payment towards a parent-supported optional item, activity and service.

“The school is planning to offer [insert name of optional item/activity/service]. As this is an optional activity, a payment will be required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide the item/activity/service [delete as applicable]. Individual records of contributions are confidential”.

TYPE 2

Excursions/Activities

Requests for Voluntary Contributions (Non- Optional Items, Activities and Services

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this activity. These contributions are voluntary. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund that can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however there is insufficient total funding available to meet the cost of the activity, regrettably we may not be able to proceed.

TYPE 3

School Finance statements – where the school requests subject contributions

The following words are to be used in all communications to parents where a request is made for a voluntary financial contribution.

“Please note: The payment of this financial contribution to a government school is voluntary. The Education Act 2004 guarantees that

- a. *each contribution must be voluntary*
- b. *a child is not to be refused benefits or services because the child's parents do not make a contribution*
- c. *a child is not harassed for contributions*
- d. *any record of contributions is confidential”*



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This treatment could be life saving and 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 the emergency procedures for asthma.

Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device

If your child suffers from anaphylaxis, you should obtain a written Anaphylaxis Treatment Plan signed by your doctor and yourself as 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. If your child is given adrenaline to treat an isolated anaphylaxis attack, it can help the anaphylaxis and is unlikely to cause any significant side effects.

Medical Services for Students attending ACT Government Schools

ACT Health advises that the following arrangements 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

Students injured while under supervision at school or in a school-related situation are transported free of charge to the emergency section of either public hospital in the ACT.

Parents and guardians of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT. Free ambulance cover does not apply to students in the Jervis Bay area of the ACT.

Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

Casualty Treatment

1. Under the 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, s/he will be automatically classified as a Medicare patient and no charge will be raised.
3. If you elect to have the student 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 medical insurance if you wish to choose this option.

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

Yours faithfully

Steven Collins
Principal

Date: / /



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 B, 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 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 1998(Cwth)*. Parents note that in the absence of a specific Plan standard First Aid will be administered.

Student's Name:		Date of Birth:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
School:	School Year:	Camp/Excursion:			
Parent/Carer:					
Address:					
Contact Telephone Nos					
Business Hours:		After Hours:		Mobile:	
Other Contact for Emergency:			Telephone No:		
Name of Student's Doctor:			Telephone No:		
Medicare No:	Private Health Fund No:		Membershi p 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.*