



Campbell High School

An ACT Government School
Principal: Steve Collins



ACT
Government
Education and Training

Success today creates tomorrow

Goodwin Village 2019 Semester 1

Dear Parent,

Your son/daughter has expressed an interest in attending Goodwin Village being held at Goodwin retirement village in Ainslie every Monday for Semester 1 2019. There will be two groups which will rotate on alternative weeks.

This is a joint venture between Goodwin and Campbell High School which gives students skills and insight into the aged care industry and build respectful relationships between our elderly and younger generations. Students will be transported in the school bus to the venue and will need to bring a packed lunch.

WHEN: Mondays (10.30am-12.40pm). Starting 11 February 2019 and finishing 1 July 2019

WHERE: Goodwin Retirement Village Ainslie

TIME: 10.30 am - 12.40 pm


COST: \$5

Please complete the form below and attached medical forms to enable your son/daughter to participate in this activity.

Please return the permission note to the Student Services Suite by Friday 8 February 2019.

If you have any questions, please contact Peter Mewburn on 61423166 or email peter.mewburn@ed.act.edu.au

Yours sincerely


Peter Mewburn
Youth Support Worker


Steve Collins
School Principal

I give permission for _____ to take part in the Goodwin Village program on Mondays, starting 11 February 2019 and finishing 1 July 2019.

I understand 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 am 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. I will warn my child of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I consent to photos and images of my son/daughter being used for reporting (Board, P&C, Chaplaincy) and promotional purposes of this program (website, newsletters).

I have read the attached information regarding this excursion and understand what it contains.

Full name of parent (please print): _____

Signature of parent: _____ Date: / /

Attachment C: Payment Slip



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



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Payment Slip

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

2 Excursion Date: _____ Total Cost to student:
\$ 5

3 **Excursion Details**
Excursion title, organiser and faculty:

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

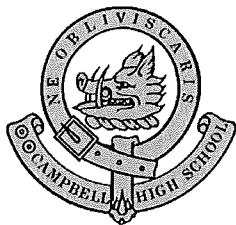
(Payments can be made in person to the finance office between 8.30am & 2.00pm)

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



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:		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:	
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)

Signed: Date: __ / __ / ____
(Parent/Carer)

**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 whilst on the excursion.
Schools will always call an ambulance if your child's medical condition requires emergency medical assistance.**

Risk Assessment

Non Sporting Type School Activity or Excursion (Category A/B)

(Not to be used for Outdoor Adventure or Overseas Excursion)