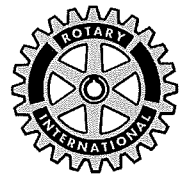




Education and Training



Dear Parents/Carers,

This term all year 10 students will be expected to attend the 2018 Canberra Careers Xpo at Exhibition Park in Canberra (EPIC). Students will come to school as normal on Thursday August 16. They will be transported by ACTION buses to EPIC at 9.00am and will return to school during the morning break.

When: Thursday 16 August 2018
9.00am to 11.30am

Where: Exhibition Park in Canberra

Cost: Nil as bus transport is funded by a grant from the Campbell High P and C

Organised by the ACT Education and Training Directorate and the Rotary Club of Canberra City, the Canberra Careers Market is the largest event of its type in the Canberra region and the best opportunity available to young people considering their post school options. It is also a major source of information for students, teachers and parents as well as career changers.

On offer this year:

Exhibitors' Stalls – visit over 80 stalls from universities, training institutions, employers, government departments, Apprenticeship centres, Defence Force, private enterprise and much more!

Career Counselling – have a chat to one of the qualified careers advisors who will be on hand to talk about career options. The Careers Counsellor stall will be set up in the Try a Trade area.

Try a Trade – check out the hands on exhibitors, vehicles and simulation in the Try a Trade area from 9.30am to 5.00pm on Wednesday and 9.30am to 2.30pm on Thursday.

Small Business and Entrepreneurs Lounge – join small business owners and the ACT & Region Chamber of Commerce & Industry for useful tips on becoming your own boss.

Please remind your child to return the following permission slip to his/her contact teacher by Friday August 10. Late return of permission notes will not be accepted after this date as transport numbers must be finalised with the bus charter company. Thank you for your understanding.

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.

If you have any questions please contact Marg Cummins on 6142 3166.

Yours sincerely,

M. Karin Heath



Careers Xpo Excursion 2018

| | |
|--|--|
| Date and Time of Excursion: Thursday 16 August 2018 9.00am to 11.30am | Location: Exhibition Park Canberra |
| Supervising Staff: Marg Cummins + SoSE staff | Permission note to be returned by: <u>Friday August 10</u> to contact teachers |
| Cost per student : Nil | |

I hereby give permission for my son/daughter/ward:

Given Name
Surname
Contact Group

To participate in the following incursion:

2018 Canberra Careers XPo on Wednesday August 16, 2018

- I understand and accept that **normal school rules** apply. Students are required to wear **dress code**.
- I agree it is my child's responsibility to **catch up on assessment items** and/or other class work missed.
- I understand that my child will be required to attend this training for its entirety and behave appropriately.
- I will notify the school on the morning of the excursion if my child is not able to attend.

I have read the above information and consent to my child attending the 2018 Canberra Careers Xpo Excursion.

Full name of parent/carer (please print): _____

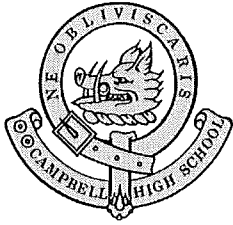
Signature of parent/carer: _____ Date: / /

Emergency contact number: _____

I have read the information regarding this excursion and understand what it contains. I also understand that I agree to behave appropriately, participate attentively, wear full school uniform and will notify Ms Cummins if I am not able to participate in the excursion.

Full name of student (please print): _____

Signature of student: _____ 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: | Campbell High | School Year: | 10 | Camp/Excursion: | Careers Xpo 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.