

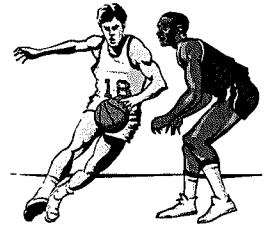
# Campbell High School

Treloar Crescent Campbell ACT 2612

(Phone) 6142 3166 (Fax) 6142 3189



## HEALTH & PHYSICAL EDUCATION FACULTY SCHOOL SPORTS EXCURSIONS/EVENTS NOTIFICATION



Dear Parents and Carers

The following details relate to an educational excursion to the Bruce AIS Track. The details of the excursion are listed below.

Please note the details and also the information regarding student behaviour on the consent form attached. The completed consent form should be given to the front office with the completed medical form.

**Event:** Campbell High School Athletics Carnival

**Location:** AIS Athletics Field, Battye Street, Bruce

**Day & Date:** Thursday 16<sup>th</sup> of May 2019

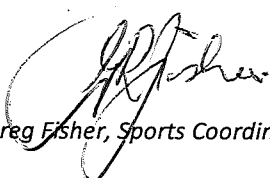
**Cost per student:**       **\$10 per student**

**Mode of transport:** Buses will be transporting students to and from the AIS Athletics Track. Students will attend contact in the morning and then head to the bus bays for transport to the AIS.

**Nature of Activities:** Competitive Athletics and Novelty Events

**Equipment/Clothing required:** Drink bottle, lunch, snacks, hat, **house colours**, comfortable shorts, sports shoes, sunscreen, there will be a canteen with limited options.

- *Staff accompanying students on excursions will take all reasonable care while 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 advise children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

  
Greg Fisher, Sports Coordinator

  
Steve Collins, Principal



# Letter to Parents

## Excursion Medical Information and Consent Form

Dear Parents

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

The information you are requested to give on the attached form will be used to record the student's medical, accident and other details. The contents and use of this form meet the requirements of the *Privacy Act 1998(Cwth)* 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 omitted information 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 this form is accurate and current, you are requested to advise the school immediately of any changes that should also be reflected on the General Medical Information and Consent form kept at the school and arrange to update the form.

### **Management of Medical Conditions**

The department is committed to providing a safe and healthy environment for students. While school staff have a duty of care to students to provide first aid assistance when required, parents will be aware that 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. In these cases, departmental policies require principals to ensure that a comprehensive written authority is obtained from the student's parents and also seek from them a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

### **First Aid Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy**

You are asked to indicate on the attached Excursion Medical Information and Consent form if the student suffers from any of these conditions. For students who are known sufferers of asthma, anaphylaxis, diabetes, or epilepsy, Emergency Treatment Plans must be completed, signed by both 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.*

These plans will be followed where students require first aid treatment for their condition. If the student should suddenly collapse at school and/or have difficulty in breathing, as with all medical emergencies, professional help will be sought immediately.

Where indicated, a bronchodilator inhaler device ("puffer") will be administered while awaiting medical assistance, whether or not the student is known to have a pre-existing asthma or other health problems.

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



Steve Collins  
Principal

Date: 4/3/19



### School Sport – Permission Note

Dear Parent/Carer,

Your son/daughter has been selected to represent Campbell High School in the activity detailed below. Campbell High School places great value on student participation in sporting events. Because of this, students chosen to represent the school are expected to show exemplary behaviour both on and off the field of play. Students representing the school should understand the following.

- ✓ Normal school rules apply during all excursions.
- ✓ Unacceptable behaviour on the excursion may result in exclusion from the current activity and future sporting teams and activities.
- ✓ Staff 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.
- ✓ 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/carers should advise students of the risk to themselves, to others, and to property of inappropriate behaviour.
- ✓ Parents/carers are welcome to attend sporting events as spectators, but may only assist when invited to by the school representative.

Students representing the school should agree to the following.

- ✓ At all times cooperate with the coach, officials, teammates and opponents
- ✓ Work equally hard for myself and for my team
- ✓ Compete by the rules and abide by the referee/umpire's decisions
- ✓ Be a good sport and encourage team members
- ✓ Control my temper and make no criticism by word or gesture
- ✓ Follow instructions given by the team coach/manager
- ✓ Remain with my team in the allocated area when not competing

I agree with the above conditions and understand the following:

(student signature) \_\_\_\_\_

Excursion Title: **School Athletics Carnival at the AIS**

I give permission for \_\_\_\_\_ (student name)

to participate in the excursion detailed above.

I acknowledge the information given above and give permission for supervising staff to seek medical attention for my child should they believe it is necessary.

Allergies/Medical

Conditions: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

Contact During Excursions (Name& Phone Number): \_\_\_\_\_

**Please return this form with the payment to the Finance Office.**



# MEDICAL INFORMATION AND CONSENT FORM

## Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)				
Student's Name			Date of Birth	Gender M F
School			School Year	
Parent/Carer Name			Address	
Telephone Contact	Mobile		Home	Business
Emergency Contact 1			Telephone	
Emergency Contact 2			Telephone	
Name of Qualified Health Professional			Telephone	

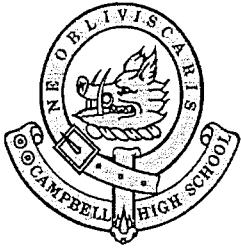
Section B – Medical Information	
Please tick if your child suffers any of the following:	
Allergies	Blood Pressure
Anaphylaxis*	Diabetes*
Asthma*	Eczema
Epilepsy*	Fainting
Fits or blackouts	Hay Fever
Headaches	Heart Condition
Nose Bleeds	Reaction to Drugs
Sight/Hearing Problems	Sun Screen Sensitivity
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
Other (please specify)	
Please identify whether your child is presently taking any medication: the parent/carer must give written permission and direction for the administration of any medication at school or during school related activities, as follows:	
For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication).	
For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i> , the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i> .	
Date of last tetanus injection	
Are you aware of any physical or psychological limitations of your child (please specify)?	
Is there any other information which you believe may be relevant to the general medical/health care of your child?	

Section C – Parent/Carer Authorisation	
1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:	
a. the provision of first aid;	
b. the provision of analgesics;	
c. treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant).	
2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.	
3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.	
NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i> , in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.	
Parent/Carer Signature	Date

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 the student's school and will be made available to relevant school staff, including first aid officers, 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

Office Use Only			
Student Central ID	Entered into MAZE	Date	

## Attachment C: Payment Slip



**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: \_\_\_\_\_ Total Cost to student: \$ \_10\_\_\_\_\_

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](mailto:finance@campbellhs.act.edu.au)