



# Campbell High School

An ACT Government School  
"Aspire Achieve Connect Respect"



## OUTDOOR EDUCATION 2 CROSS COUNTRY SKI TRIP

A three-day cross-country ski excursion has been organised for your son's/daughter's Outdoor Education class from Wednesday 4<sup>th</sup> to Friday 6<sup>th</sup> of September (week 7). We will be staying in cabins at Bungarra Alpine Centre in Jindabyne and ski the Perisher Nordic Trails area of the Snowy Mountains. If weather permits, we will also ski to Mt Kosciusko. During this excursion students will receive instruction on cross country skiing and snow safety.

Prior to the excursion students will have completed theory classes covering snow safety, clothing, food preparation and first aid. Students will form small groups to share responsibility for the supply and preparation of food. The cabins have a fully equipped kitchen, bathrooms, heating and a drying room. Students will need to bring their sleeping bag, pillowcase and towel.

The cost for this camp is \$320.00 which covers transport, accommodation, national park entry, ski/board hire and instruction. Ski hire will be through ALL at the Bungarra accommodation centre and is included in the trip cost, however if needed, waterproof pants and jackets will have to be hired individually by the students prior to the trip. I suggest: Straightline Ski Fyshwick (Pirie St), Belconnen Ski'n'board (Lathlain St).

### Waterproof pants and jacket are compulsory.

As this is a high cost camp, I am happy to discuss payments being made over the semester. Please feel free to call (61423189) or email me about this matter (tomas.rodriguez@ed.act.edu.au).

### CAMP DETAILS

**DATES:** Wednesday 4<sup>th</sup> to Friday 6<sup>th</sup> of September 2019. Week 7, Term 3  
**ACCOMMODATION:** Bungarra Alpine Centre, Jindabyne – (02) 6456 2688  
Outdoor Ed Mobile Phone – 0401 484 131  
**VENUE:** Perisher Nordic Ski Trails, Thredbo and surrounding area  
**TRANSPORT:** School Bus  
**DEPART:** 4:30am from school Wednesday 4<sup>th</sup> September  
**RETURN:** 8:15pm-ish to school Friday 6<sup>th</sup> September (all students will call from Cooma when we know a more definite time of arrival).  
**COST:** \$320.00

Yours sincerely,

Tomas Rodriguez  
OED/Maths

Steven Collins  
Principal

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Treloar Crescent, Campbell, ACT 2612

Telephone:(02) 6142 3166 Fax:(02) 6142 3196

## Consent Form for Education Activities

- A Trip: Outdoor Education 2 Cross Country Ski Camp (Perisher and surrounds)
- B Excursion dates: 4<sup>th</sup> – 6<sup>th</sup> September 2019
- C Parent/Guardian emergency contact: \_\_\_\_\_ BH \_\_\_\_\_ AH \_\_\_\_\_
- D I consent to \_\_\_\_\_'s taking part in the excursion described above.  
(Student's full name)

- I hereby grant permission for staff to seek medical attention as deemed necessary by the teacher in charge and accept responsibility for all costs incurred thereby.
- The Teachers accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to adequately control and supervise their behaviour and activities.
- Parents should be aware that teachers are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, a teacher has not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, willful or disobedient behavior.

*It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this camp/excursion. These contributions are voluntary.*

*The school has made every effort to keep the costs of this activity at a reasonable level. We have an equity fund, which can be used to provide financial assistance for students where parents are unable to make the requested contribution.*

*If however there is insufficient funding available to meet the cost of the camp/excursion, regrettably we may not be able to proceed.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# 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 <input type="checkbox"/> F <input type="checkbox"/>
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	
<b>Please tick if your child suffers any of the following:</b>	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Fits or blackouts
<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Reaction to Drugs
<input type="checkbox"/> Sight/Hearing Problems	<input type="checkbox"/> Sun Screen Sensitivity
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
<input type="checkbox"/> Other (please specify)	
<b>Please identify whether your child is presently taking any medication:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:	
<ul style="list-style-type: none"> <li>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).</li> <li>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>.</li> </ul>	
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	
<p>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:</p> <ol style="list-style-type: none"> <li>the provision of first aid;</li> <li>the provision of analgesics;</li> <li>treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant).</li> </ol> <p>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.</p> <p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p> <p>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.</p>	
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	<input type="checkbox"/>	Date

## EQUIPMENT CHECKLIST

### **On the Mountain (NO COTTON ON MOUNTAIN)**

- Beanie and sunhat
- Gloves – weather proof and warm
- Weatherproof jacket (suitable for skiing in all conditions)
- Weatherproof pants (suitable for skiing in all conditions)
- Thermal Top (wool or synthetic, not cotton)
- Thermal Bottoms (wool or synthetic, not cotton)
- 2 pairs of socks (wool blend are best)
- Goggles or Sunglasses are necessary
- Sunscreen
- Fleece type jumper
- Change of clothes – i.e. trackies, T shirt, jumper, socks (for bus)
- 1 – 2 L drink bottle

### **CHALET**

- Sleeping bag (this must be suitable to sleep in mild to cold temperatures)
- Comfortable clothing for the evenings
- Underwear + socks
- Towel
- Tea towel
- Pillow case
- Blanket (optional)
- Books/magazines/board games/cards for night time

### **WHAT IS PROVIDED**

- Skis, boots, stocks
- Fully equipped kitchen
- Gas cook top
- Microwave
- Fridge
- Electric frypan
- Saucepans
- Cooking and eating utensils
- Detergent and dish cloth
- Top Sheet
- 1 pillow