



Campbell High School



An ACT Government School
Principal: Steven Collins
"Aspire Achieve Connect Respect"

ACTIVITIES WEEK EXCURSION 2019:

Christmas Baking

Join us for a session of Christmas Baking in the school kitchen

Christmas Baking:

COST: \$6.00

LOCATION: Kitchen 2. F108

SUPERVISION: Ingrid Jaugietis

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.

Steve Collins

Principal
Date:

Ingrid Jaugietis

Supervising Teacher

Christmas Baking for Activities Week

I give permission for my child _____
to attend the **Christmas Baking** incursion:

Time and date: According to session chosen

Venue: Kitchen 2. F108

Cost: \$6.00 per person per session (this is to purchase food ingredients)

Consent to medical attention. *In the case of my child requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.*

I have read the attached information regarding this excursion and understand what it contains. I consent to my child attending the activity: Name of activity.....

I understand that:

- As representatives of Campbell High, students will be required to dress in full school uniform and behave appropriately including language
- Students not behaving in a safe and appropriate manner will be asked to be removed from the kitchen for safety reasons.
- **As this is a voluntary activity, all costs will be met by the child/parent**

Full name of parent (please print): _____

Contact phone number: _____

Signature of parent: _____ Date: / / 2019

I have read the information regarding the training for the excursion: **Christmas Baking**. I understand what it contains. I also understand that I agree to behave appropriately, wear school uniform. I will notify **Ms Jaugietis** if I am not able to participate in this event on the day.

Full name of student (please print): _____

Signature of student: _____ Date: / / 2019

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Directorate of Education.