



CAMPBELL HIGH SCHOOL EXCURSION PROPOSAL FORM



ACT
Government
Education

1. Excursion Details

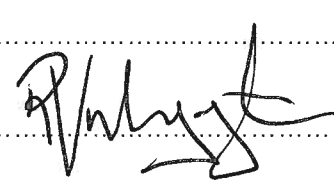
Departure Day	Date	Time	Return Day	Date	Time
Thursday	30/5/19	4:15 pm	Thursday	30/5/19	8:30 pm
Saturday	1/6/19	7:45 am	Saturday	1/6/19	10:00am
Title & Destination: Australian National Eisteddford: Year 7 at Llewellyn Hall ANU and Year 8 - 10 at Lyneham High School					
Emergency Contact Numbers:		Place: Kylie Brown Llewellyn Hall ACT	Phone: 0419291160 6125 5767		
Travel/Transport: Own transport and school bus					
Student Group/Class/Year Year 7 - 10	Number of Students 70 (47 Thursday)	Max Number 70	Staff/Student Ratio 2: 47 on Thursday 1:24 Saturday		
Co-ordinating Teacher:	Teachers / Staff on excursion:				
	1. Kylie Brown		2. Owen Cusick		
Co-ordinating Faculty	3. Other teacher or parent for Thursday		4.		
	5.		Accompanying teachers outside Co-ordinating Faculty require <u>approval of their Executive Teacher.</u>		
Accompanying Parents 1.	2.		3.		
Cost per Student \$ 5.50	Other requirements (own food/equipment/tent)				

2. Excursion Objectives (Additional information may be attached)

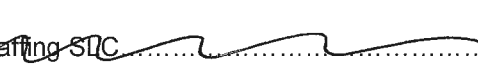
To perform for an audience at a high quality event and receive feedback from the

3. Program Details (Additional information may be attached)

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4. Co-ordinating Teacher..... Faculty Executive..... 

5. Approval:  Approval Date: / /

Staffing Officer Staffing SIC 

Business Manager  Deputy Principal 



Campbell High School

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



6th May, 2019

Australian National Eisteddfod 2019

Dear parent/carer,

The Year 8 and Senior Campbell High School bands will again be competing in the Jazz Section of Australian National Eisteddfod, which falls on Thursday 30th May, 2019. Performances will be from 4.30 pm at Lyneham High School Performing Arts Centre.

The Year 7 White Band will perform on Saturday 1st June 2019.

Schedule

Students will need to make their own arrangements to be dropped off and picked up from the venue.

Please note that for a limited number of students, the school bus will be available for drop off at LHS and organisation should be made with to Ms Brown. This has been arranged mainly for the bands that need to arrive at the venue very soon after school finishes on the day.

Below is a table explaining what time students need to arrive at the venue, the time their performance is on and the time they will be ready to leave the centre. At the adjudication time, students will receive some feedback about their performance and will discover the trophy their band has earned.

Band	Section arrival time	Warm up	Warm up room number	Performance time	Adjudication time	Available for pick up from
Year 7 Band	<i>Saturday</i>					<i>Approx.</i>
Llewelyn Hall	<i>7:45 am</i>	<i>9:00 am</i>	<i>#1</i>	<i>9:30 am</i>	<i>9:45 am</i>	<i>10:00 am</i>
Year 8 Band						<i>Approx. 7:00</i>
LHS Thursday	<i>4:15 pm</i>	<i>5:15 pm</i>	<i>#2</i>	<i>5:45 pm</i>	<i>6:30 pm</i>	<i>pm</i>
Senior Band						<i>Approx. 8:15</i>
LHS Thursday	<i>6:15 pm</i>	<i>7:05</i>	<i>#1</i>	<i>7:35</i>	<i>7:50</i>	<i>pm</i>

Treloar Crescent, Campbell, ACT 2612

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



Campbell High School



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Families are invited and encouraged to attend the Eisteddfod. Please note that tickets are available to purchase shortly at:

<http://nationaleisteddfod.org.au/tickets/> or at the door.

Entry fee per participant. \$5.50

The cost of entering the Eisteddfod this year is \$5.50 per student. Please return the permission note and money to the finance office by Friday the 24th of May.

Uniform will be discussed with each band.

Students should be prepared with healthy snacks and drinks for the Thursday night.

Please note: arrival time should be at least 30 minutes before the warm up time.

If you require further information, please contact us on 6142 3168 or via email on kylie.brown@ed.act.edu.au or owen.cusick@ed.act.edu.au

Many thanks,

Kylie Brown
Arts Faculty

Steven Collins
Principal

I, _____ give permission for my child _____, in year ____ to participate in the Australian National Eisteddfod on the 30th of May, 2019 at Lyneham High School Performing Arts Centre with travel to the venue by school bus if required; or Saturday 1st June at Llewellyn Hall ANU (Year 7 only).

I am/ am not able to assist with supervision on the Thursday night (Please note that a current Working with Vulnerable People card will be required for those interested in assisting).

Signature

Date

Treloar Crescent, Campbell, ACT 2612

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

Attachment F

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



Steven Collins
Principal

Date: 10/5/19

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: 30 May or 1 June 2019 Total Cost to student: \$ 5.50

3 **Excursion Details**

Excursion title, organiser and faculty: Eisteddfod 2019 Kylie Brown, Arts

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

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	Epilepsy*	Hay Fever	Nose Bleeds
Anaphylaxis*	Diabetes*	Fainting	Headaches	Reaction to Drugs
Asthma*	Eczema	Fits or blackouts	Heart Condition	Sight/Hearing Problems

*Please complete and attach a *Known Medical Condition Response Plan*

Sun Screen Sensitivity

Other (please specify)

Please identify whether your child is presently taking any medication: Yes No If yes,
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 *Medication Authorisation and Administration Record* 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 *Medical Information and Consent Form*, the *Known Medical Condition Response Plan* and the *Medication Authorisation and Administration Record*.

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

- 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:
 - the provision of first aid;
 - the provision of analgesics;
 - treatment as outlined in the attached *Known Medical Condition Response Plan* (where relevant).
 - 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.
 - 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 *Known Medical Condition Response Plan*, 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

