



# Campbell High School



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

## ACTIVITIES WEEK EXCURSION 2019:

### Lake Burley Griffin Bike Ride

Enjoy a full-lap bike ride around Lake Burley Griffin, with stops along the way for Ice-cream and drinks.

#### Lake Burley Griffin Bike Ride

**COST:** FREE

**DEPARTURE:** 9.15am

**RETURN:** 11.15am

**TRANSPORT:** Bike – Must provide your own bike and approved helmet

**CATERING:** Please bring money for refreshments/ice-cream, your own water bottle, and snack if you would prefer not to buy any refreshments.

#### MATERIALS REQUIRED:

Bicycle – A bike check before departure

Approved helmet

Puncture repair kit (optional)

*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:

**Wayne Smith**  
Supervising Teacher

# Ride Around Lake Burley Griffin

I give permission for my child \_\_\_\_\_  
to attend the **Lake Burley Griffin Bike Ride** excursion:

**Time and date:** 9.15am – 11.15pm Monday 16 December 2019

**Transport:** Bicycle

**Venue:** Campbell High School to Lake Burley Griffin Bike Path and Return, with stops  
along the way to purchase refreshments.

**Cost:** FREE

**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: **Lake Burley Griffin Bike Ride**

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 picked up by parents or will be returned to school
- As this is a voluntary activity, all costs will be met by the child/parent
- Students are required to bring a approved helmet and a roadworthy bicycle.

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: **Lake Burley Griffin Bike Ride**. I understand what it contains. I also understand that I agree to behave appropriately, wear school uniform. I will notify **Mr Smith** 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.



## 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:	School Year:	Camp/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.*