

# Campbell High School

An ACT Government School

Principal: Steve Collins



**ACT**  
Government  
Education

## Year 7 Camp 2019

Dear Parents and Carers,

The Campbell High School year 7 camp for 2019 will be held during **Week 9 of Term 1**. All year 7 students are encouraged to attend the camp as it is a time when harmonious working relationships with staff are established and new friendships are formed as students share fun learning experiences in a less formal environment.

Dates: **Monday to Wednesday, 25 to 27 March 2019**

Departure: 9:00 am on Monday 25 March from school

Return: 2:30 pm to school on Wednesday 27 March

***NB: Due to travelling through this return time is flexible. Students who choose to bring mobile phones can text parents/guardians on the bus to advise***

Venue: Jindabyne Sport and Recreation Centre 207 Barry Way Jindabyne NSW 2627

Transport: Murray's Coach line

Cost: **\$375** (which covers transport, accommodation, equipment hire, food and qualified instruction)

**Reminder – if you have already paid your deposit of \$100.00 you only need to pay \$275.00 in total.**

Supervision: Campbell High School staff and outdoor education specialists employed by the venue

Emergency Contact Information: **Jindabyne Sport and Recreation Centre Programs**

**207 Barry Way Jindabyne NSW 2627 Tel (02) 6450 0200**

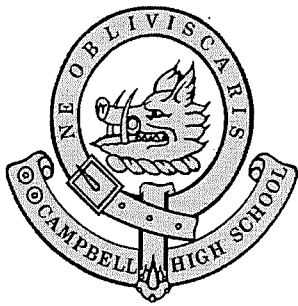
Please complete all attached documentation and return to the front office by **Monday 11<sup>th</sup> March 2019** to enable your child to participate in this valuable educational and social activity.

You also need to complete documents on-line through the NSW Academy of Sport website by this date. (see attached)

Treloar Crescent, Campbell, ACT 2612 Telephone:(02) 6142 3166 Fax:(02) 6142 3196

Email: [info@campbellhs.act.edu.au](mailto:info@campbellhs.act.edu.au) ABN: 55 737 383 135

[www.campbellhs.act.edu.au](http://www.campbellhs.act.edu.au) |  @campbell\_high



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Documents to be completed and returned):

- Excursion medical information/consent form
- Consent form for educational activities
- Behaviour Code Agreement
- One line Medical and Consent Form for NSW Sport and Recreation. (Below)

## **INFORMATION FOR PARENTS**

In addition to the School (Paper) note, please complete the Medical and Consent Form for NSW Sport and Recreation.

Details are:

<https://sportandrecreation.nsw.gov.au/facilities/medicalandconsentform>

*It is vital that you enter the following details to complete the online form by Tuesday, 12 March, 2019*

Booking Number **543823**

Booking Start Date Monday: **25/03/2019**


Booking Venue **Jindabyne Sport and Recreation**


Please note that free ambulance transportation for students on school excursions only applies within the ACT.

All students are encouraged to attend this camp. If the cost is prohibitive, or you would like to discuss an individualised payment plan, please feel free to discuss the matter with the year coordinator, Corey Gray or Amy Wilson. We welcome weekly or fortnightly payment instalments.

**Final payment must be made to the school finance office by Monday 11<sup>th</sup> March 2019.**

Please do not hesitate to contact me at [corey.gray@ed.act.edu.au](mailto:corey.gray@ed.act.edu.au) or [amy.wilson@ed.act.edu.au](mailto:amy.wilson@ed.act.edu.au) 61423166 if you have any queries regarding this excursion.

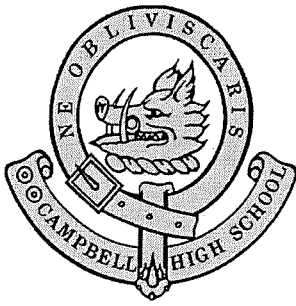
  
Steven Collins

  
Corey Gray and Amy Wilson

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## Consent Form for Swimming Activities

- A Destination: **Jindabyne Sport and Recreation Centre**
- B Excursion date: Monday 25<sup>th</sup> – Wednesday 27<sup>th</sup> March 2019
- C Parent/Guardian emergency contact \_\_\_\_\_ BH \_\_\_\_\_ AH
- D I consent to \_\_\_\_\_'s taking part in the excursion described above. (Student's full name)
- E I consent to \_\_\_\_\_'s participation in any swimming activities That will take place on Camp (all activities will be fully supervised)

Please indicate swimming ability (circle) - Non Swimmer (0 metres)

- Beginner (up to 25 metres)
- Intermediate (up to 50 metres)
- Advanced ( 100+ metres)

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

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## 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:  
\$ \_\_\_\_\_

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)

**Attachment D**  
**Excursion Information for Parents**

Dear Parent

The following details relate to an educational excursion to NSW Sport and Rec Facility Jindabyne

\_\_\_\_\_ which is being organised for Year 7 \_\_\_\_\_ (name the class or group).

*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.*

Attach and request that the *Excursion Medical Information and Consent Form* be completed where appropriate.

In the case of travel by private car, where appropriate:

*It is the responsibility of the driver to ensure that he/she carries the required driver's licence, that the vehicle is appropriately registered and insured, is roadworthy, and the number of passengers does not exceed the seat belt provision of the vehicle.*

Yours faithfully

Principal



**Attachment E**

**Excursion Information for Parents/Carers  
Permission Note to Parents/Carers**

I give permission for my child \_\_\_\_\_  
to attend the \_\_\_\_\_ excursion  
from \_\_\_\_\_ to \_\_\_\_\_

I have read the attached information regarding this excursion and understand what it contains.

Full name of parent (please print): \_\_\_\_\_

Signature of parent: ..... Date: / /

*N.B.* If swimming forms any part of the excursion activities, the procedures outlined in the Outdoor Adventure Activities policy must be adhered to.

Signature of parent/carer: .....  
Date: / /

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 Department of Education and Training.

## Attachment F

### 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: 11 / 3 / 2019



**Attachment G**



## 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.*

## Attachment C: Payment Slip



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Phone 02 6142 3166  
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### Payment Slip

1 Student's full name \_\_\_\_\_ Year/Contact Group:  
\_\_\_\_\_

2 Excursion Date: \_\_\_\_\_ Total Cost to student:  
\$ \_\_\_\_\_

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: \_\_\_\_\_

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