

## Attachment A: Supervision Requirements

Category	Description	Gender Balance	Minimum Supervision Ratios
<b>A</b>	Vicinity of the school/ variation to normal activity.	not required	1 teacher per class group
<b>B</b>	Within the ACT	to be considered by principal	1 teacher per class group
<b>C</b>	Day travel beyond the ACT	to be considered by principal	2 adults per class group including 1 teacher
<b>D</b>	Overnight accommodation:  single gender  mixed gender	- not required  - required	1 adult per 20 students with a minimum of 2 adults per excursion  Teachers must comprise at least half the number of accompanying adults.

## Excursion Information for Parents/Carers

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

Include where necessary:

- *authorisation for the teacher in charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency*
- *agreement to meet the costs associated with any emergency arrangement made by the teacher in charge - free ambulance transportation only applies in the ACT*
- *agreement that the student will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action*
- *agreement by the parent/guardian to the student travelling by private car, driven by a staff member, parent or student, as the case may be*
- *for Category A excursions a request for information about current medical requirements and/or other needs of the child relevant to the excursion*
- *for Category B, C and D excursions, request the 'Medical Information Form' be completed and returned to the school.*

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

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

Signature of parent: ..... 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.

## Excursion Requests for Voluntary Contributions

### TYPE 1

#### Excursions/Activities

#### Requests For Payments Towards Parent-Supported Optional Items, Activities And Services

The following words are to be used in all communications to parents where a request is made for a payment towards a parent-supported optional item, activity and service.

***“The school is planning to offer [insert name of optional item/activity/service]. As this is an optional activity, a payment will be required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide the item/activity/service [delete as applicable]. Individual records of contributions are confidential”.***

### TYPE 2

#### Excursions/Activities

#### Requests for Voluntary Contributions (Non- Optional Items, Activities and Services

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this activity. These contributions are voluntary. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund that can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however there is insufficient total funding available to meet the cost of the activity, regrettably we may not be able to proceed.

### TYPE 3

#### School Finance statements – where the school requests subject contributions

The following words are to be used in all communications to parents where a request is made for a voluntary financial contribution.

*“Please note: The payment of this financial contribution to a government school is voluntary. The Education Act 2004 guarantees that*

- a. *each contribution must be voluntary*
- b. *a child is not to be refused benefits or services because the child's parents do not make a contribution*
- c. *a child is not harassed for contributions*
- d. *any record of contributions is confidential”*

## **Excursion Medical Information and Consent Form**

Dear Parents/carers

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.

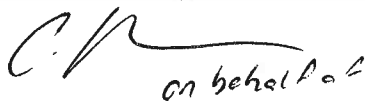
Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

### **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



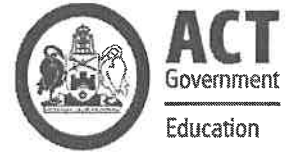
on behalf of

Steven Collins  
Principal

Date: 21/10/19



## 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.*

**Risk Assessment**

**Non Sporting Type School Excursion SAMPLE**  
 (Not to be used for Outdoor Adventure or Overseas Excursion)

*This pro forma must be included with the initial application for day travel outside the ACT and overnight excursions. Please refer to the ACT Department of Education and Training Risk Management Framework for details on how to complete this pro forma.*

**RISK MANAGEMENT PLAN**

School	<b>Campbell High School</b>		
Activity	Inner North Indigenous Cluster Celebration		
Date	31/10/19		
Time	9.30-3.00		
Location	Corroboree Park		
Participants	Students	20	Supervising Staff 2
Interested Parties	Dickson College, Inner North Cluster Community Partnership		

<b>Event Coordinator: Steph Boxall</b>	<b>Signed:</b>
	Date:
<b>Principal or DP: Caitlin Horan</b>	<b>Signed:</b>
	Date: