



# Campbell High School

Treloar Crescent, Campbell, ACT 2612 ● Telephone: (02) 6205 6344 ● Fax: (02) 6205 6369

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

Principal: Ms Kerrie Heath

2<sup>nd</sup> April, 2017

## Band Camp 2017

Dear parent/carer,

Our Senior Band will be attending Merimbula Jazz Festival 2017 from Saturday the 10<sup>th</sup> to Monday the 12<sup>th</sup> June, 2017. The band will perform over the weekend, with times to be confirmed. There will also be numerous opportunities for the students to watch performances by a variety of notable jazz bands.

### Travel and Accommodation

The accommodation will be on Saturday and Sunday nights at Wandarrah Lodge, Merimbula and we will be travelling to and from the camp on our school bus and a hired car. We will be staying in dormitory rooms and utilising the shared facilities on site.

We will be leaving at 7 am on Saturday the 10<sup>th</sup> of June at Campbell High School and driving directly to Merimbula via Cooma and Nimmitabel. On Sunday, we will be leaving the caravan park after lunch and will aim to arrive back at Campbell High by about 4:00pm.

### Food

With the exception of breakfast, light morning and afternoon teas, and Saturday and Sunday's dinner, students will be expected to be responsible for their own meals. Students will need to make their own arrangements for lunch on Saturday, Sunday and Monday. On all days, shops will be at hand for the students to purchase their meals or ingredients, and we will be making a group trip to a supermarket early in the excursion.

On Saturday we will purchase food. Saturday and Sunday nights we will cook dinner together (ingredients and equipment provided) in the lodge kitchen.

Please note that energy drinks or drinks with caffeine are not to be brought on the camp in accordance with school guidelines.

### Agenda

Formal activities over the course of the weekend will include rehearsals, performances, viewing of notable bands, a beach trip, and possibly participation in the street parade.

### Cost

The cost of the camp is \$210.00 per student and covers travel, accommodation, festival entry and food (excluding lunches). Please note that students will need money for their lunches.



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## What to bring

Instrument and music (!)  
Band uniform (will be discussed)  
Warm jacket and beanie, gloves and jumpers  
Socks and underwear for 3 days (+ spare if inclement weather)  
Water bottle  
Hat  
Sunscreen  
Casual clothing for 3 days  
Shoes for walking  
Toiletries  
Towel (Towels are available at a \$2 fee but must be returned on checkout)  
Plate, bowl, cutlery, cup  
Spending money (including lunches)  
Please note: No bedding is permitted (including sleeping bags). Linen is provided (except towels).

## Lodge Rules:

1. This facility has shared kitchen, toilets and bathrooms (except ensuite rooms).
2. Behaviour MUST be acceptable at all times and consideration given to other guests. Acceptability of behaviour is determined by any member of Wandarrah Lodge staff. Any necessity to enforce this policy will affect the whole group and may result in termination of the stay.
3. In the interest of other guests and travellers we have a 10pm noise abatement policy
4. Minors must be accompanied and supervised by an adult at all times.

Please note there will be no secure storage of any electronic devices. Students with phones and music players or other valuables will be brought at their own risk.

The camp will be attended by Kylie Brown, Owen Cusick and Bryn Harvey.

Please fill in and return all attached forms with payment to the finance office by Friday 13<sup>th</sup> May 2016. If your child is not attending the festival, could you please advise us as soon as possible.

If you have any queries regarding the camp, please do not hesitate in contacting Kylie Brown on 6142 3168 or email [Kylie.Brown@ed.act.edu.au](mailto:Kylie.Brown@ed.act.edu.au) or [Owen.Cusick@ed.act.edu.au](mailto:Owen.Cusick@ed.act.edu.au)

Kind regards,

Kylie Brown  
Arts Faculty  
6142 3168

Kerrie Heath  
Principal

## **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.

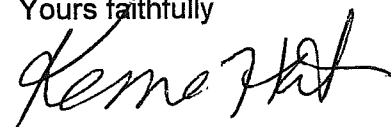
Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

### **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



Principal

Date: 16/5/17.



**ACT**  
Government  
Education and Training

## 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 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 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 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/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

### Personal Details

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

## Consent Form for Education Activities

- A Destination: Merimbula Jazz Festival Camp
- B Excursion date: 10<sup>th</sup> – 12<sup>th</sup> June, 2017
- C Parent/Guardian emergency contact \_\_\_\_\_ BH \_\_\_\_\_ AH \_\_\_\_\_
- D I consent to \_\_\_\_\_ taking part in the excursion described above.  
(Student's full name)

- I hereby grant permission for staff to seek medical attention as deemed necessary by the teacher in charge and accept responsibility for all costs incurred thereby.
- The Teachers accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to adequately control and supervise their behaviour and activities.
- Parents should be aware that teachers are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, a teacher has not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

*The school has made every effort to keep the costs of this activity at a reasonable level. We have an equity fund, which can be used to provide financial assistance for students where parents are unable to make the requested contribution.*

*If however there is insufficient funding available to meet the cost of the camp/excursion, regrettably we may not be able to proceed.*

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

## Attachment C: Payment Slip



**Campbell High School**  
Treloar Crescent, Campbell, ACT 2612  
Phone 02 6142 3166  
Principal: Kerrie Heath



**ACT**  
Government  
Education

### Payment Slip

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

2 Excursion Date: 10-12 June, 2017 Total Cost to student: \$210.00

3 **Excursion Details**

Excursion title, organiser and faculty: Merimbula Band Camp2017. 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](mailto:finance@campbellhs.act.edu.au)