



# Campbell High School



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

19<sup>th</sup> March, 2019

Dear Parents/Carers,

This year Senior Band students will have the opportunity to purchase a Campbell High School Band polo shirt that can be worn at school and at events.

Cost: 1 Band Shirt = \$32.00

Attached is the payment slip.

There is an option to purchase one or more shirts, so please make sure you indicate how many shirts you require on the return slip.

Your prompt return of the slip will be greatly appreciated.

If you have any questions, please call 6142 3168 or email [kylie.brown@ed.act.edu.au](mailto:kylie.brown@ed.act.edu.au).

Many thanks,

Kylie Brown

Arts Faculty

Steve Collins

Principal

I, \_\_\_\_\_ would like to order 1 / 2 (Circle) band shirts for  
\_\_\_\_\_, in year \_\_\_\_\_.

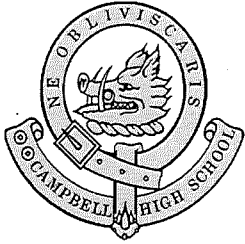
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Treloar Crescent, Campbell, ACT 2612

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





**Campbell High School**  
Treloar Crescent, Campbell, ACT 2612  
Phone 02 6142 3166  
Principal: Steve Collins



**ACT**  
Government  
Education

## Payment Slip for Band Shirt

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

2 Total Cost to student: \$32.00 each shirt.

3 **Band Shirt** . Organiser: **Kylie Brown** and faculty: **Arts**

**TOTAL PAYMENT**     \$32:00      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)





# Campbell High School



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Principal: Steven Collins  
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18<sup>th</sup> March, 2019

## Canberra Raiders Performance Permission Note 2019

Dear parent/carer,

Campbell High School Senior Band has an exciting opportunity to perform outside the venue of the Raiders' Game at GIO Stadium on Friday 29<sup>th</sup> March 2019 as patrons arrive. Students will be required to arrive at the GIO Stadium WEST GATE by 4.25 pm and perform from 4:55 – 5:55 pm.

Students will also be provided with 2 free tickets for the Raiders verses Knights game, one for themselves and one for a parent/carer.

Students who require the bus can travel straight from school by bus or staff car. (The bus will leave school promptly at 3:55 pm) Students will be required to be picked up by 6.15 pm at the venue. No staff supervision will be provided after 6.15 pm at the venue. If students are attending the game, they will be expected to be accompanied by their parent or carer.

Return bus trip: Please note that students returning to school on the school bus will need to be picked up promptly by 6:45 pm at Campbell High School.

Requirements: Band instrument, music, hat, drink bottle and healthy snacks (especially if remaining after school). Students will need to be smartly dressed in school uniform.

Cost: There will be a \$3.00 cost per student for those using the school bus.

Please return the necessary permission notes at your earliest convenience.

If you require further information, please contact us on 6142 3168 or via email on [kylie.brown@ed.act.edu.au](mailto:kylie.brown@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 Canberra Raiders Performance on Friday 29<sup>th</sup> March, 2019. My child will/will not require transport to the GIO Stadium. My child will/will not require transport from the GIO Stadium back to school. (Please circle the applicable). Students returning on the bus will need to be picked up at school by 6:45 pm.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



## 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.

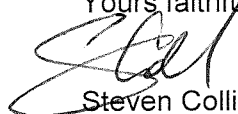
Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

### **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: 20/2/19



### 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	
<b>Please tick if your child suffers any of the following:</b>	
Allergies	Blood Pressure
Anaphylaxis*	Diabetes*
Asthma*	Eczema
Epilepsy*	Fainting
Fits or blackouts	Hay Fever
Headaches	Heart Condition
Nose Bleeds	Reaction to Drugs
Sight/Hearing Problems	Sun Screen Sensitivity
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
Other (please specify)	
<b>Please identify whether your child is presently taking any medication:</b> 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 <i>Medication Authorisation and Administration Record</i> 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 <i>Medical Information and Consent Form</i> , the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i> .	
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	
1. 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:	
a. the provision of first aid;	
b. the provision of analgesics;	
c. treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant).	
2. 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.	
3. 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 <i>Known Medical Condition Response Plan</i> , 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	

