

Yr 10 CAMP!

Name: _____ Pastoral Care Teacher: _____

Do you want to go on a Yr 10 Camp?

- ◆ Sydney City ◆ 2 days/1 night ◆ Week 7/Term 4
- ◆ Urban Challenge / Luna Park / Sydney Eye Tower / Sydney Cricket Ground / Darling Harbour
- ◆ Accommodation: The Woolbrokers Hotel – 4 to 8 person rooms with bunk beds!
- ◆ Dinner and breakfast is included
- ◆ Bedding provided – you just bring your own pillow!

YES? Then complete Packet 1

PACKET 1: Complete the 2 forms attached and return this packet to the front office by Friday 25th August, Week 6 with a \$100 deposit

***PACKET 2: More detailed information will come out in a 2nd packet later this term**

Checklist (check each box so we know you're not missing anything)

- Permission Form – with payment details / \$100 deposit required (non-refundable)
- Medical Form

If your parents/carers would like to set up a financial payment plan, we can assist with that; please contact the school for this to be arranged.

Please email the Yr 10 Coordinator, Fiona Bridges at: fiona.bridges@ed.act.edu.au or phone the school directly and ask to be transferred through to the Arts/Tech faculty with any questions.

Yr 10 Trip to Sydney – Urban Challenge

Form 1: Permission Form/Deposit

Full Cost: \$330

*This cost is based on a minimum of 50 students attending.
If numbers fall below 50, the final cost may need to be adjusted.
Final numbers will be determined by Monday 28th August, Week 7 Term 3.

\$100 non-refundable deposit required to secure your place:
Due by Friday 25th August, Wk 6/Term 3
Balance: \$230 to be paid by Friday 15th September, Wk 9/Term 3

When: Monday 20th – Tuesday 21st November, 2017 (Week 7/Term 4)

Staff: Supervising Staff members: Fiona Bridges and accompanying PC staff

Departing: from BHS on Monday 20th at 7.00am

Arriving: back to BHS on Tuesday 21st by 7.30pm

Location: Woolbrokers Hotel/Inner Sydney

◆◆◆ Bring your own lunch on 1st day is optional or purchase at Luna Park ◆◆◆

I hereby give permission for my son/daughter/ward (first and surname):

_____ to participate in the Yr 10 Urban Challenge in the city of Sydney: 20th – 21st November, 2017.

I acknowledge the details listed above and give permission for the supervising staff to seek medical attention for my child should they believe it is necessary. I am aware that I will be responsible for any medical expenses incurred and that free ambulance transportation (should it be required) only applies within the Australian Capital Territory.

- I have completed all the additional **medical forms** as required by the Education Department.
- I also understand and accept that **normal school rules** apply during the excursion. If it is necessary for my child to return home early following a breach of these rules, I will be responsible for all costs and will not be eligible for any refund of excursion costs.
- I am 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. I have warned my child of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.
- I agree to my child travelling by private car, driven by a staff member, if the need arises.
- I also give permission for **photos to be taken** of my child during this excursion and if required to be published in the school newsletter or their Yr 10 year book in 2017.
- I agree it is my child's responsibility to **catch up on assessment items** and/or other class work missed due to the excursion.
- I understand that the price could increase based on final numbers

◆ Please list any specific dietary requirements: (example: lactose intolerant, halal, gluten free, vegan, vegetarian)

◆ Are you interested in a payment plan – making smaller payments prior to the camp without having to make one large balance payment? If the answer is yes, once you've paid the \$100 deposit, you can then make smaller payments directly to the front office: Yes No

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: / / Emergency Contact: _____

✂ (office staff only) -----

PERMISSION FORM AND PAYMENT (\$100 non-refundable deposit or full payment)

I hereby give permission for my son/daughter/ward:

First Name: _____ Surname: _____ Yr Group: 10

To participate in the 2-day Urban Challenge in Sydney's inner city from Mon 20th to Tues 21st November, 2017

Parent/Guardian: _____ Date: / / Emergency Contact: _____

I enclose payment of \$..... Cash Cheque Credit Card Direct Debit go to:
www.blch.act.edu.au/payment

Payment may be debited to your Credit Card account by completing the authority form below: Visa MasterCard

Card No: _____ Card Expiry Date: ____/____

Card Holder's Name:
(BLOCK LETTERS)

Signed: _____

Form 2: Medical 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 Surname/Family name: _____ Given/preferred name: _____

Date of Birth: __ / __ / ____ Sex: M F

School: Belconnen High School School Year: 10 Camp/Excursion: Yr 10 Urban Challenge

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: _____ Membership Number _____

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"/> Anaphylaxis * | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Reaction to drugs |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sun screen sensitivity |
| <input type="checkbox"/> Other _____ | | | |

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

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 No

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 No

If **Yes**, please state name of medication, dosage, etc: _____

NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.

Parents must give written permission and directions for the administration of any medication taken during the excursion.

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 student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes No

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/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.

Signed: Date: __ / __ / ____
(Parent/Carer)

Signed: Date: __ / __ / ____