

Year 10 Astronomy Excursion

Dear Parents and Carers,

The following details relate to an excursion that has been organised for your child. If you have any concerns about this excursion, or related cost, please contact the front office on 6142 1690.

Name of Excursion	Year 10 Astronomy Excursion
Location	The Canberra Deep Space Communication Complex, Paddy's River ACT
Purpose	To enrich the content covered in the Year 10 Cosmology and Astronomy Unit.
Classes/Year Groups Participating	Year 10
Date	Friday October 19th, 2018
Start Time	9.10am
Finish Time	1.45pm
Transport	Action Bus Charter
Cost	\$21
Due Date	Tuesday, 16 October 2018 * Notes will not be accepted after this date
Teacher in Charge	Ms Bugledich
Additional Information	Students will need to be in uniform. Students should bring their own lunch. There is a café at the complex however bringing your own lunch is less expensive and the service can be slow due to the large number of people in our group.



Name of Excursion/Activity: **Year 10 Astronomy Excursion**

FEE CODE - [Click here to enter text.](#)

COST: \$21

I give permission for my child _____ in class _____

to attend the above named excursion on Friday October 19th

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

I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment), in an emergency.

Full Name of Parent/Carer (please print): _____

Signature of Parent/Carer _____ Date _____

Is there any medical condition that may affect your child on this excursion? **Yes / No**

If yes please give details: _____

Please return permission note and money to the front office by Tuesday, 16 October 2018

Please be aware of the following: Staff accompanying students on excursions will take all reasonable care while 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. 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 Education and Training Directorate.

Name of Excursion: **Year 10 Astronomy Excursion**

Child Name: _____ Year: _____

Please tick method of Payment

Quickweb Payment made on (date) _____ - This is a Westpac online payment option accessed through the school website that makes a payment direct to the school's bank account. Payments can be made using a Visa or Mastercard for any school event or contribution. Please use the above FEE CODE as your reference.

Direct Deposit Payment made on (date) _____ - Payment can be made by direct deposit to Belconnen High School Management Account **BSB: 032-777 Account No: 001017**. Please use the above FEE CODE and Student Key as your reference. Student Key is usually the first 5 letters of the student's surname and initial of their first name.

Cash - Please secure Permission Note and money in a sealed envelope. I have enclosed \$ _____

Cheque - Please make payable to Belconnen High School

Minimum amount for Credit Card Payment is \$10.00

Credit Card - Payments may be made in person at any time between 8.30am – 3pm at the front office. Alternatively please fill out the details below and return the permission note to the front office.

Name on Card: _____ Type of Account: Visa Mastercard

Card No. _____ Expiry Date: ____/____ Amount: \$ _____

Signature of cardholder _____ Daytime Contact Phone: _____

EXCURSION MEDICAL INFORMATION AND CONSENT FORM



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 :		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 _____ Parent/Carer Date _____

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 an 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.