



# Belconnen High School

*Caring for Students And Striving for Excellence*



## **Year 7 Science – Pinnacle Nature Reserve Ecosystem Study**

Dear Parents and Carers,

In science this term, Year 7 students will be studying classification and ecosystems. To support this learning students will be participating in an ecosystem study of the Pinnacle Nature Reserve in Hawker.

Attached is a permission note for students to visit the Pinnacle Nature Reserve with their class this term. This is a walking excursion and there is no cost. Please see the note for the dates your child's science class will be visiting.

As this ecosystem study will form part of the Year 7 Science practical assessment it is expected that all students attend. Students who are unable to attend will need to complete an alternative assessment at school.

To facilitate organisation could you please fill out and return the permission form by Friday the 8<sup>th</sup> of September.

If you have any queries, please contact me by email, or on 6142 1690

Kind Regards

*Patricia Vanegas*

Maths/Science Faculty

Belconnen High School

[patricia.vanegas@ed.act.edu.au](mailto:patricia.vanegas@ed.act.edu.au)

## 7 Science – Ecosystems – Pinnacle Nature Reserve Walk

<b>Dates of Excursion:</b> <u>Vanegas and Sharma classes</u> Tuesday 12 <sup>th</sup> of September  <u>O'Neill, Morris and Bugledich classes</u> Wednesday 13 <sup>th</sup> of September	<b>Destination:</b> Pinnacle Nature Reserve, Hawker
<b>Supervising Staff:</b>  Patricia Vanegas, Sushma Sharma, Anne O'Neill, Peta-Jane Morris and Eva Bugledich	<b>Students will travel by:</b> Walking (15min each way)
<b>Cost per student:</b> Nil.	<b>Bring Water, Hat, Sunscreen, Lunch</b>
<b>Depart school at:</b> Tuesday 12 <sup>th</sup> 9:00am Wednesday 13 <sup>th</sup> 11:45am	<b>Return to school at:</b> Tuesday 12 <sup>th</sup> 10:44am Wednesday 13 <sup>th</sup> 1:28pm

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PLEASE DETACH THIS SECTION WHEN COMPLETED AND RETURN IT TO THE SCHOOL

### EXCURSION PERMISSION FORM

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

Given Name	Surname	Year group
To participate in an excursion at The Pinnacle Nature Reserve, Hawker		on Tuesday 12 <sup>th</sup> or Wednesday 13 <sup>th</sup> of September

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.

My child suffers from the following **pre-existing medical condition**:

- 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. Students are required to wear **school uniform** on this 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 also give permission for **photos to be taken** of my child during this excursion and if required to be published in the school newsletter.
- I agree it is my child's responsibility to **catch up on assessment items** and/or other class work missed due to the excursion.

Parent/Guardian

Date

Emergency Contact Number

**Please return note to science teacher by Friday 8<sup>th</sup> of September**



**ACT**  
Government

Education and Training

# MEDICAL INFORMATION AND CONSENT FORM

The information collected on this form is to assist staff and medical professionals in case of the requirement for first aid and or in the event of an accident or emergency either at school or off site on excursions. Information is personal, is stored on site and a copy of each student's form is taken on any excursion. Information is used in accordance with the regulations of the *Privacy Act 1998(Cwth)*. Please note: conditions noted with an asterix (\*) below require an Emergency Treatment Plan.

**In the absence of a 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:							
Business Hours:		After Hours:		Mobile:			
Emergency Contacts 1:				Telephone No:			
Emergency Contacts 2:				Telephone No:			
Name of 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"/> hay fever       | <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 |

**\*Emergency treatment plan required from your Doctor. Templates are available at or by contacting your school.**

**Describe what happens for any of the conditions ticked above**

Date of last tetanus injection:		
Is the student presently taking any medication? parents must give written permission and directions for the administration of any medication taken during school hours or after hours school activities):	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. I 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 undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed.....

Date.....

Office Use

Student central ID: \_\_\_\_\_

Entered into MAZE:  Date: \_\_\_\_\_