



Y9 Geology Excursion

Date of Excursion: Monday 15 March 2021	Destination: Geoscience Australia, Woolshed Ck, Mt Ainslie
Organising teacher: Eva Reynolds	Students will travel by: Charter bus
Cost per student: \$15	Permission notes will be accepted until: Thursday 11 March 2021 (Late notes cannot be accepted)
Depart school at: 9:15am	Return to school at: 2pm

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PLEASE COMPLETE AND RETURN THIS SECTION TO THE FRONT OFFICE BY 11/03/2021
(Fee Code Y9 Geology Excursion)

Y9 Geology Excursion

Eva Reynolds

I hereby give permission for my child:

_____ Given Name _____ Surname _____ Home Group

To participate in the following **Y9 Geology Excursion** on **Monday 15 March 2021**.

Students will travel by **Charter bus**.

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 and attached all additional **medical forms** as required by the Education Directorate.
- I understand and accept that **normal school rules** apply during the excursion. Students are required to wear **dress code** 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 give permission for **photos to be taken** of my child during this excursion and if required included in the school newsletter which is published on the school website
- 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 name _____ Parent signature _____ Emergency Contact Ph No. _____ Date

Year 9 Geology Excursion

Eva Reynolds

Student Name: Home Group: Payment for: **Y9 Geology**

I enclose payment of \$..... Cash Direct Deposit Cheque (payable to Lyneham High School)

Credit Card

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

Card No: _ _ _ _ / _ _ _ _ / _ _ _ _ Card Expiry Date: ____/____

Cardholder's Name: (please print).....Contact Number

To make a payment by Direct Deposit please use Quickweb located on the Lyneham High School web site <http://www.lynehamhs.act.edu.au/payments/payment>. **Please reference Fee Code Y9 Geology Excursion**

The finance office is open between 8.30am and 2.00pm Mon-Fri

Please be aware if students withdraw from the excursion they may only be able to be refunded for activity specific costs. No refunds will be given for committed funds. The bus component of the excursion will not be refunded if you do not attend. Please note that as this is an optional activity, a payment will be required to cover costs. If the school is unable to cover the costs, the excursion/incursion/event may have to be cancelled. Should any families be experiencing financial difficulty in meeting these costs, please contact the Principal. Individual records of contributions are strictly confidential.

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**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.

Student's name:		Date of Birth:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
School:		School Year:		Camp/Excursion:	
Parent/Carer:					
Address:					
Phone 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:	
	Include Individual reference 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"/> 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.

Parent signature: _____ Date : _____

