



MAJURA PRIMARY SCHOOL

Knox Street, Watson ACT 2602

Phone (02) 6142 3140
admin@majuraps.act.edu.au www.majuraps.act.edu.au



A Day Out for Year 3 at Warrambui, 2019

VENUE AND PURPOSE

Year 3 students will be attending a one day outdoor experience to Warrambui Retreat on Friday 8th March 2019. This will be a valuable educational experience and we hope that all students can attend to gain confidence and build their leadership skills. The program has been designed to challenge year 3 students through involvement in a number of team based outdoor activities including archery, orienteering, frisbee golf and an initiatives challenge. So we can allow all groups to rotate through the four activities we will be arriving back at school at approximately **3.45pm**.

DATE OF DEPARTURE

8 March 2019

TIME OF DEPARTURE

8.30am

Students need to be at school at **8.20am**
as the buses will need to leave school promptly at 8.30am

DATE OF RETURN

8 March 2019

TIME OF RETURN

3.45pm

The bus will leave Warrambui at 3pm to return to school at
approximately 3.45pm.

CLASSES INVOLVED

All year 3 students

TEACHER IN CHARGE

Gareth Rowe

PARTICIPATING STAFF

Renee Broadhurst, Tristan Early, Tanya Fitzgerald, Rami Paul, Dale Solly and teacher assistant.

MODE OF TRANSPORT

Coaches - fitted with seatbelts

COST PER STUDENT

Cost: \$63 (includes transport, use of Warrambui facilities, morning tea, lunch and four activities)

EMERGENCY PHONE

(02) 6142 3140

ADDITIONAL INFORMATION

Students will need to bring a water bottle and a sunsmart hat. Please ensure your child is dressed appropriately for the weather conditions and wears shoes suitable for walking on all terrains. If it is wet weather the excursion will still go ahead as Warrambui will provide wet weather options. Please complete the permission note and medical form attached and return it to the front office by Friday 1st March 2019.

Gareth Rowe
Executive Teacher

Daniel Zobel
Principal

Please fill in the attached form and return it with payment to the front office by:
Notes will not be accepted after this date.

Friday 1st March



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PAYMENT & PARENT CONSENT FORM

PLEASE RETURN TO THE FRONT OFFICE BY Friday 1st March 2019

Child's Name _____ Class Teacher _____

I consent to my child attending Year 3 Warrambui Day Camp

Please tick the appropriate boxes:

- I have enclosed **\$63** in full payment.
- Quickweb Reference Direct Debit EFT at Office Cash
WARRAMBUI BSB: 032 777
 Account Number: 001594
 Reference: Surname/Warrambui

I authorise for the teacher in charge to make arrangements for the welfare of my child (including medical) in an emergency

I agree to meet the costs associated with an emergency arrangement made by the teacher in charge – fee of ambulance transportation (free within the ACT).

I agree that the student will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action.

I agree to the student travelling by private car, driven by a staff member, if applicable.

Staff accompanying students on excursions will take all reasonable care while the 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.

The school has made every effort to keep costs for this activity at a reasonable level. If you require financial assistance please make an appointment to speak to the Principal.

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

Full name of parent/carer: _____ (please print)

Signature of parent/carer: _____ Date: ___/___/2019

Contact Numbers: (h) _____ (w) _____ (m) _____

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Medical Information and Consent Form

This form is intended to be used to assist the school in the case of any medical treatment required. 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 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: **Majura Primary School** Year: **3** Camp: **Warrambui Day Out**

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"/> Other _____ |
| <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 | |

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 four 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 (Parent/Carer): Date: __/__/2019

Signed (Parent/Carer): Date: __/__/2019

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 whilst on the excursion. Schools will always call an ambulance if your child's medical condition requires emergency medical assistance.

The Department of Education and Training does not provide any insurance cover for injury, disease or illness to students resulting from school activities or school organised excursions. You should be aware that there is no insurance for personal injury if your child is injured during activity/excursion and should consider whether taking out personal insurance cover for your child is warranted. This might cover contingencies such as medical/hospital expenses, ambulance transport outside the ACT, cancellation of transport/accommodation or loss of/damage to luggage.