16th September 2016

NOTICE - 065 - 2016 GRADE 1 GRAMPIANS EXCURSION

Dear Parents/Guardians,

This year’s Grade 1 Extended Day will take place at Halls Gap in the Grampians. The following information/documents are included for you information and completion.

Educational purpose of the excursion:
This will form part of our study on animals and their environments. Another purpose of this excursion is that it addresses part of our camping program which outlines an extended day for Grade Ones.

Details of supervising staff:
Mrs Liisa Beaton, Mrs Danah Clark, Mr Damian Hayes and Mrs Becky Blanchett

Cost:
$30

Name and contact details of the 24-hour school emergency contact:
Liisa Beaton 0400 855 088  Danah Clark 0407 052 963

Departure details/Date of Excursion
Thursday 27th October, 9.00am

Return details
Thursday 27th October, 5.45pm from the Open Learning Area

Distance from professional medical care:
Closest Hospital and Ambulance is located in Stawell 30kms away.

Travel arrangements:
Students will travel on Trotters Coaches.

Forms Required by:
Forms and money to be returned to the office by Friday 14th October, 2016

A risk management plan for this program has been developed by staff and is available for parents to review on request.

Adventure activities to be undertaken or that may be offered to students throughout the program: Bushwalk, Playground, and Halls Gap Zoo
Itinerary

9.00am   Leave School
10.20am  Morning tea in Halls Gap
10.45am  Small walk
11.00am  Zoo
1.30pm   Lunch
2.00pm   Reptiles
2.30pm   Ice-Cream and time at the playground
4.15pm   Leave
5.45pm   Parents pick up children

Attachments

- Medical Form
- Parent Excursion Consent Form

Food Requirements:
A substantial cut lunch and drink, with enough food for morning and afternoon tea. Definitely no lollies or soft/energy drinks. Water is preferred.

Clothing:
Students are required to wear their sports uniform, bring a coat and their school hat.

Yours sincerely,

Mrs Liisa Beaton, Mrs Danah Clark and Mr Damian Hayes
GRADE 1 GRAMPIANS EXCURSION
return completed form to school

Student behaviour

‘I understand that in the event of my son’s/daughter’s misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.’

ICT/Photograph consent

‘I agree to my child using the Internet and computer network in accordance with the same Internet student users agreement that applies at their current school.’ [Strike out if you do not consent]

‘I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school’s publications, school’s website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.’ [Strike out if you do not consent]

Consent for emergency transportation

‘In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.’

Student accident insurance

The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.
GRADE 1 GRAMPIANS EXCURSION
Return completed form to School by Friday 14th October

STUDENTS NAME: ..................................................  GRADE: ..........................................  

Parent consent

I have read all of the above information provided by the school in relation to the Grade 1 Grampians Excursion, including any attached material.

I give permission for my daughter/son ___________________________________________ (full name) to attend.

Parent/guardian: ........................................................................................................ (full name)

......................................................................................................................... (signature)

______________ (date)

☐ Please find enclosed the amount of $................. for the Grade 1 Excursion
☐ Please find attached the completed ‘Confidential Medical Information for school Council approved school excursions’
☐ My child is required to take medication (including prescription and non-prescription medication) while on camp

Payment Method:   Cash   /    Cheque   /  EFTPOS   /    Please debit my:    VISA  /  MASTERCARD   (CIRCLE)

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<th>CREDIT CARD NUMBER</th>
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<th>EXPIRY DATE</th>
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OFFICE USE ONLY

Amount received: $  Cash / Cheque / EFTPOS / Credit Card

Initialled:  Date:       /          / 2016
Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

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<thead>
<tr>
<th>Excursion/program name:</th>
<th>Grade 1 Grampians Excursion</th>
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<tr>
<td>Date(s):</td>
<td>Thursday 27th October, 2016</td>
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<table>
<thead>
<tr>
<th>Student’s full name:</th>
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<tr>
<th>Student’s address:</th>
<th>Postcode:</th>
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<tr>
<th>Date of birth:</th>
<th>Year level:</th>
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<tr>
<th>Parent/guardian’s full name:</th>
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<th>Name of person to contact in an emergency (if different from the parent/guardian):</th>
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Emergency telephone numbers: After hours  Business hours

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<th>Name of family doctor:</th>
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<tr>
<th>Address of family doctor:</th>
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<th>Medicare number:</th>
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<th>Medical/hospital insurance fund:</th>
<th>Member number:</th>
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<tr>
<th>Ambulance subscriber?</th>
<th>Yes</th>
<th>No</th>
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<td>If yes, ambulance number:</td>
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Is this the first time your child has been away from home? | Yes | No

Please tick if your child suffers any of the following:

- □ Asthma (if ticked complete Asthma Management Plan)
- □ Bed wetting
- □ Blackouts
- □ Diabetes
- □ Dizzy spells
- □ Heart condition
- □ Migraine
- □ Sleepwalking
- □ Travel sickness
- □ Fits of any type

- □ Other: 

Swimming ability

Please tick the distance your child can swim comfortably.

- □ Cannot swim (0m)
- □ Weak swimmer (<50m)
- □ Fair swimmer (50-100m)
- □ Competent swimmer (100-200m)
- □ Strong (200m+)
**Allergies**

*Please tick if your child is allergic to any of the following:*

- [ ] Penicillin
- [ ] Other Drugs: ____________________________
- [ ] Foods: ____________________________
- [ ] Other allergies: ____________________________

What special care is recommended for these allergies? ____________________________

______________________________

*Year of last tetanus immunisation: ____________________________*

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

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**Medication**

Is your child taking any medicine(s)?  
- [ ] Yes  
- [ ] No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

______________________________

All medication must be handed in to **Mr Damian Hayes** before departure. All containers must be labelled with your child’s name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform **Ms Sandra Bourne** if it is necessary or appropriate for your child to carry their medication (for example insulin for diabetes). A child can only carry medication with the knowledge and approval of both **Ms Sandra Bourne** and **Mr Damian Hayes** and yourself.

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**Medical consent**

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

______________________________

Signature of parent/guardian (named above) _________________________________________

Date:

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The Department of Education requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

**Note:** You should receive detailed information about the excursion/program prior to your child’s participation and a Parent Consent form. If you have further questions, contact the school before the program starts.