

SCULPTURE BY THE SEA

23/08/17

Dear Parents and Carers,

The Arts and Technology department at Mount Stromlo High School is pleased to offer an exciting excursion to Sydney called "Sculpture by the Sea 2017". This excursion is offered to Year 8, 9 and 10 Visual Art, Photography and Media students. Highlights of the day include experiencing the Sculpture by the Sea and walking from Bronte to Bondi, lunch at Bondi Beach and visiting the Art Gallery of NSW. The teachers in charge of this event will be Mrs Clare Incher and Ms Jane Sobierajski.

The completed permission note should be returned and payment made to the Finance Office by **20 September 2017**.

IMPORTANT INFORMATION:

Venue: Sydney – Art Gallery of NSW and Sculpture by the Sea (Bondi – Clovelly Beach – Bondi)

Date: Friday 3 November 2017

Time: Departing at 6:00am and Returning to the school at 8:00pm

Transport: Hire bus

Cost: \$75 (\$31 Staffing, \$44 Transport)

Food: Students are to bring food and drinks for morning tea and lunch. Alternatively, student may bring money for lunch at Bondi Beach and Dinner at Sutton McDonalds. Water bottles can be refilled throughout the day.

Clothing: School uniform, hat and sunscreen.

Other: Bring sketchbooks and cameras

During school hours, Mount Stromlo's front office can relay messages to staff and students on the excursion. After hours, the teacher in charge of the excursion can be contacted on 04015076962.

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund, which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however, there is insufficient total funding available to meet the cost of the excursion / camp, regrettably we may not be able to proceed.

Withdrawing from this excursion with less than 3 school days notice requires a medical certificate for a refund to be granted. Please be aware travel booked with an outside provider such as overseas / interstate tour group or travel agent is excluded. Information about refunds from these providers will be provided separately.

If you have any questions regarding this excursion, please contact Jane Sobierajski on 6142 3444 or email jane.sobierajski@ed.act.edu.au.

Regards,

Jane Sobierajski
Arts and Technology Faculty



MOUNT STROMLO HIGH SCHOOL PERMISSION NOTE

SCULPTURE BY THE SEA

I give permission for my child _____
to attend the **Art Gallery of NSW and Sculpture by the Sea 2017** excursion on **Friday 3 November 2017**. I have completed the attached Medical Consent Form.

I understand 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.

I am 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. I will warn my child of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

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

Full name of parent (please print): _____

Signature of parent: _____ Date: / /

PAYMENT SLIP FOR SCULPTURE BY THE SEA 2017

DUE 20 SEPTEMBER 2017

Student Name: _____ TEAM: _____ Amount Enclosed \$

Payment Options: Cash () Cheque () Credit Card () On-line Credit Card: Fee Code: SCULP
Funds Transfer via your bank website BSB 032-777 A/C 001797 ()

Cheques – Made payable to Stromlo High School

COMPLETE THE FOLLOWING INFORMATION IF PAYING BY CREDIT CARD:

CARD No: _____ VISA MASTERCARD

Name on Card: _____ Amount: \$ _____

Signature: _____ Expiry: ____ / ____ CSV: _____

MEDICAL INFORMATION AND CONSENT FORM

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 the student's school and will be made available to relevant school staff, including first aid officers, 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997 (ACT)*.

Personal Details

Student's Name:		Date of Birth:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
School:	MOUNT STROMLO HIGH SCHOOL				
Year Level:		Camp/Excursion:	SCULPTURE BY THE SEA		
Parent/Carer:					
Address:					
Business Hours:		After Hours:		Mobile:	
Emergency Contacts 1:				Telephone No:	
Emergency Contacts 2:				Telephone No:	
Name of Doctor:				Telephone No:	

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 | |

*Please attach Emergency Treatment Plan/Action Plan

Date of last tetanus injection:	
Is the student presently taking any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consent to my child receiving paracetamol for temporary pain relief.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parents must give written permission and directions for the administration of any medication taken during school or after hours school activities. Medications are to be clearly labelled with prescription details, in unopened, original packaging. Completion of the <i>Emergency Treatment Plan</i> is required.	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

Parents/carers should note that in the absence of an *Emergency Treatment Plan*, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.

PLEASE READ: In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis and asthma emergency, I consent to the provision of first aid and any treatment as outlined in the attached *Emergency Treatment Plan*. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.

Signature.....

Date.....