

OUTDOOR EDUCATION LAND 2020

7 February 2020

Dear Parent/Carer,

Your child has elected to do Outdoor Education – LAND BASED in Semester 1, 2020. The course provides opportunities for students to participate in outdoor activities such as lightweight camping skills, navigation, mountain biking, bushwalking, ropes, caving, climbing, cooking and a variety of other land adventure activities. It is an expectation of this course that your child attends an overnight Caving camp to Wee Jasper in Term 1 and a three day camp to Jindabyne in Term 2, as well as fortnightly excursions.

A program including all camps and weekly activities will be provided in the early Weeks of Term 1 along with the permission note and details for the Wee Jasper Camp. These activities are essential and required components of the Outdoor Education Course to allow students to put into practice the skills and experiences learnt in the classroom. It is also an opportunity for students to demonstrate their development and skill acquisition for assessment purposes.

It is compulsory for each student to have a fully working, safe and functional mountain bike & helmet. We will be doing numerous bike rides around the local area as part of our weekly class excursions. If this is a concern for you, please do not hesitate to contact us as soon as possible and we can help you out.

The total cost for the Outdoor Education Course is **\$600**. This cost includes all weekly activities, transport, safety equipment, accommodation (on camp), food (on camp), staffing and specialist instruction. It is essential to note that every effort has been made to keep costs to a minimum. If payment has not been received by Friday 6 March, students will not be able to attend camps. If you require a payment plan this can be arranged with our finance office and must be organised by the 21 February 2020.

To ensure that your child keeps their position in the Outdoor Education class for Semester 1 2020, the attached commitment form needs to be returned to Angelica Pahina by Friday **14 February 2020**. Full payment is due by Friday the **6 March 2020**.

If you wish to discuss any issues to do with the financial commitment of this course, please do not hesitate to call or email Angelica Pahina (Outdoor Education Teacher), Kay Paten (PE Executive), or Prue Gill (Deputy Principal).

Yours sincerely,

Angelica Pahina
Outdoor Education Teacher

E. angelica.pahina@ed.act.edu.au

Ph. 6142 3444



ACKNOWLEDGEMENT OF COSTS FOR EXCURSIONS & CAMPS ASSOCIATED WITH THE OUTDOOR EDUCATION SEMESTER 1 ELECTIVE

My child _____ is prepared to attend all of the Outdoor Education – Land activities including; weekly excursions, the overnight Wee Jasper Camp and the three day Jindabyne Camp.

I / we are aware and prepared to pay the required excursion/activity levy of **\$600** to the **Finance Office** by **Friday 6 March 2020 (Week 5 Term 1; 2020)**.

- I have attached a current Medical Consent form for 2020 - please see attached
- I am aware that if a Student's medical condition changes a new Medical Consent form must be completed and provided to the school.
- I understand that many of the weekly activities will take place at venues around Canberra and consent to my child's participation in these off-site activities.

The form can be downloaded from the School Website - Excursion Tab - <http://www.mountstromlohs.act.edu.au> or contact the front office on 02 6142 3444 for further assistance.

Code of Conduct and Parental Agreements:

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. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.

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.

I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child's attending this event.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency. I agree to provide any relevant medical information to the school to the excursion.

Student Signature: _____

Full name of Parent / Carer: (please print) _____

Signature of Parent / Carer: _____

Date: _____

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:			
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 (if applicable)*. 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.....



PAYMENT SLIP FOR OUTDOOR EDUCATION LAND ELECTIVE
DUE FRIDAY 6 MARCH 2020

Student Name: _____ TEAM : _____ Amount Enclosed \$

Payment Options: Cash () Cheque () Credit Card () On-line Credit Card: Fee Code: ODEL
Funds Transfer via your bank website BSB 032-777 A/C 001797
Cheques – Made payable to Mount Stromlo High School

COMPLETE THE FOLLOWING INFORMATION IF PAYING BY CREDIT CARD:

CARD No: _____	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Name on Card: _____	Amount: \$ _____	
Signature: _____	Expiry: ____ / ____	CSV: _____

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