

YEAR 9 & 10 HUMANITIES SYDNEY EXCURSION

11/08/2017

Dear Parents and Carers

The Humanities Faculty are pleased to offer an excursion to Sydney later this term. The intention of the excursion is to explore a variety of institutions which connect to the content covered in the senior years National Curriculum. Major points of interest include a ghost tour at the Q Station and an interactive tour of the Sydney Jewish Museum to be hosted by a Holocaust Survivor. The excursion is an enrichment opportunity and not explicitly connected to any upcoming assessment tasks.

The teachers in charge of this event will be Emma Lang and Rebecca Cusick.

The completed permission note should be returned to the front office by Friday 18 August 2017 with a deposit of \$50. Please be aware this excursion has a maximum capacity of 50 students. To secure a place it is recommended that the permission note and deposit of \$50 be paid as soon as possible.

IMPORTANT INFORMATION:

- Venue:** Sydney (2 Venues)
The Q Station - 1 North Head Scenic Drive, Manly NSW 2095
Sydney Jewish Museum - 148 Darlinghurst Road, Darlinghurst NSW 2010
- Date:** Thursday 14 September to Friday 15 September 2017
- Time:** Departing Thursday at 6:30am – Returning approximately 6:30pm on Friday
- Transport:** Hire bus
- Cost:** **\$285** (\$42 Staffing, \$243 Transport, accommodation, main meals and entry fees)
- Deposit Cost :** **\$50.00 – (this will be deducted from the cost leaving a balance to be paid of \$235)**
- Food:** All main meals are provided, though students may wish to bring some snacks. Students will need to bring a water bottle
- Clothing:** Smart casual clothing, Pyjamas, Wet Pack, hat and sunscreen
- Other:** Students might like to bring some spending money for our time at the markets.

During school hours, Mount Stromlo High School'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 0403 183 820.

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 Emma Lang or Rebecca Cusick on 6142 3444 or email emma.lang@ed.act.edu.au or rebecca.cusick@ed.act.edu.au.

Yours sincerely,

Emma Lang and Rebecca Cusick
Humanities Faculty



MOUNT STROMLO HIGH SCHOOL PERMISSION NOTE YEAR 9 & 10 HUMANITIES SYDNEY EXCURSION

I give permission for my child _____
to attend the **Year 9 & 10 Humanities Sydney** excursion from **Thursday 14 September to Friday 15 September 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: / /

Dietary Requirements

YES NO

Please Specify: _____

PAYMENT SLIP FOR YEAR 9 & 10 HUMANITIES SYDNEY EXCURSION DEPOSIT DUE FRIDAY 18 AUGUST 2017 / FINAL PAYMENT DUE MONDAY 4 SEPTEMBER 2017

Student Name: _____ TEAM : _____ Amount Enclosed \$

Payment Options: Cash Cheque Credit Card On-line Credit Card: Fee Code: HUMSYD

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: _____

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)".

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:	YEAR 9 & 10 HUMANITIES SYDNEY 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"/>	
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.....