



Sports Coaching/Science
EXCURSION INFORMATION



Education and Training

<u>Name of Excursion</u> Macquarie Primary Swimming Carnival Helpers	<u>Date of Excursion</u> Wednesday 28 February 2018
<u>Venue</u> Big Splash Jamison	<u>Time</u> Students arrive at Canberra High for normal school day
<u>Transport:</u> Students will meet at the GYM after ACE and be walked to and from the pool by a SHAPE teacher	<u>Optional Extra Equipment</u> There is no cost for this event. While at the pool students will be supervised by Macquarie Primary school teachers.
<u>Equipment Required</u> <ul style="list-style-type: none"> • School uniform • plenty of water • lunch • sunscreen • hat 	

Dear Parent/Guardian,

As part of the elective Sports Coaching and Science students are required to help in the running of a carnival.

After ACE students will meet at the GYM and be walked to Big Splash by Bryan Coughlan to help Macquarie Primary set up for their carnival and complete required officiating duties throughout the day.

Students are required to catch up on any work that they miss during the day and will be given Friday's class to catch up on work they missed in other subjects.

If you plan on allowing your child/dependant to attend, please fill out the forms and return to the student's classroom teacher Bryan Coughlan. **Please return the note, even if your child is not attending on the day.**

The accompanying staff member/s 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 inform children of the risk to themselves, to others and property, of impulsive, wilful or disobedient behaviour. All students attending will be expected to give their full commitment to ensuring that the excursion is enjoyable, safe and successful for everyone concerned. We expect that the students behave responsibly at all times, and that ***any misconduct will be treated seriously and may require offending students to be sent home at the cost to the parents / guardians.***

A Medical Information Form & Permission Note is enclosed. Please complete and return them to school as soon as possible. ALL the information must be entered for the student to participate in the excursion.

If you have any questions or concerns please contact Graeme Lambert

graeme.lambert@ed.act.edu.au

Ph: 614 20800

PERMISSION NOTE and MEDICAL INFORMATION

Please return this sheet, filled out front and back and with appropriate signatures as soon as possible

I give permission for my child / guardian

.....

To participate in the Macquarie Primary Swimming Carnival Helpers Wednesday 28 February 2018.

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

My son/daughter will be supervised by Macquarie Primary teacher on the day.

Full name of Parent/Guardian (please print)

.....

Contact telephone Nos – Business hours:

After hours

Mobile:

Signature of Parent/Guardian **Date**

Medical concerns the teacher needs to be aware of for the day:

.....

.....

.....

.....

If your child suffers any of the following an emergency treatment plan must be provided. Proforma plans are available from the school (NB. Without an emergency treatment plan the school can only provide first aid treatment:

- | | | | | |
|--------------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------------|-------------------------------------------------|
| <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"/> asthma | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> bed wetting | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |

Consent to medical attention. In the case of an emergency, I authorise the school, where it is impracticable to communicate with me, to arrange for the student to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and drugs while the student is on the camp/excursion/outdoor adventure activity.

Signed:

Parent/Guardian..... Date:

I (Student) have read and understood the code of conduct and agree to represent the school, my peers and self in a respectful manner.

While on the excursion, I will be absent from the following classes. I understand that I will need to catch up on the work I will miss due to being on this excursion.

Excursion details	Line A	Line B	Line C	Line D	Line E

Full name of student (please print).....

Signature of Student **Date**