



Canberra High School  
— ESTABLISHED 1938 —

## Dr Karl Excursion Information

Dear Parent/Guardian,

The following details relate to an excursion to the National Convention Centre to see Dr Karl present a lecture for National Science week on Friday 17 August from 10:15 – 14:00.

- **Cost – \$7.00 for bus hire – to be paid to the front office prior to 10<sup>th</sup> August.**
- **There is a limited number of tickets. The first 38 students to return their permission notes and payment to the front office will be able to attend the excursion.**
- *There will be time upon returning to school to eat lunch. There will be no opportunity to purchase food at the venue.*
- *We will be leaving school at 10:15 by Qcity buses and returning to school by 2.00pm.*
- *The aim of the excursion is to attend a lecture from Dr Karl for National Science week to inspire upcoming designers and innovators.*
- *Students must be in school uniform and wear appropriate closed shoes.*
- *Students will be expected to behave appropriately at all times and listen to, and act upon, instructions from their teacher.*
- *Parents and/or guardians must supply emergency contacts in the event of a critical incident.*

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.

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.

If you have any questions, please call Jaron Worsley on 61420820.

Yours faithfully

Kellie Brazier  
Executive Teacher Technology  
30 July 2018

Jaron Worsley  
Teacher

Timothy Hartgers  
Teacher

Phone 02 6142 0800 • Fax 02 6142 0806

Address Bindubi Street Macquarie ACT 2614

Email [info@canberrahs.act.edu.au](mailto:info@canberrahs.act.edu.au) • Web [www.canberrahs.act.edu.au](http://www.canberrahs.act.edu.au)

ABN 16 237 342 597



# 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 / ward .....

To participate in the Dr Karl presentation at National Science week.  
on Friday 17 August 2018 from 10:15 - 1400

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

**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.

Week 5A Friday	Period 1 Line D	Period 2 Line E	Period 3 Line F

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

**Signature of Student** ..... **Date** .....

**FEE CODE: DR KARL**

**EXCURSION TITLE: Dr Karl Excursion**

**PAYMENT OPTIONS:**

**1.Payment in person** at school Front Office-between 8:15am & 2:30pm Mon-Fri  
**EFTPOS** facilities are available. Cheques made payable to Canberra High School

**2.Direct Deposit:** Bank: Westpac  
BSB: 032777 Acc. No. 001113  
Acc. Name: Canberra High School

**3.Canberra High School Website:** [www.canberrahs.act.edu.au](http://www.canberrahs.act.edu.au)  
**(QUICKWEB)**

**4.Phone Payments – Credit cards** Phone: 6142 0800 or 6142 0807

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Please debit my  Mastercard  Visa

Card Number:     -     -     -

Card Expiry Date: \_\_\_\_\_ Name on card: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_ Student Name: \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

Contact Phone number of Cardholder: \_\_\_\_\_

**NB:** For direct deposits please ensure you specify the student name and excursion name as a reference

Refund Policy: If a student and/or parent has made a financial commitment to an excursion and if the student is unable to attend for any reason (except in the case of sudden illness), the student and/or parent is entitled to a refund of money paid minus any non-refundable financial outlay that the school has made on behalf of that student. The school will endeavour to find a replacement for that student, in which case, all money will be refunded. The usual appeal provisions apply.