Dear Parent/Guardian,

As part of end of year activities the Year 9 group will be having an excursion to Jamberoo Water Park, Jamberoo on Monday 12th December, (Week 10, Term 4).

This is a non-compulsory excursion but we hope that most Year 9 students will be attending. Please be aware students will have to complete a swimming safety test for unstructured or waterslide activities at Jamberoo. Due to the nature and the time involved with the swimming safety test, it is vital that the bus leaves on the scheduled time so that students can make the most of their time.

**Departure Time:** 5:30am Monday 12th December from Canberra High School  
**Return Time:** 5:30 to 6pm Monday 12th December at Canberra High School

The cost (based on 100 students attending) is $70. This will include:
- A reserved bungalow/hut for shade and sun protection.
- Sandwich (ham or chicken) and juice (please bring other food if required)
- Entry to the park.
- Transport there and back.

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

Unfortunately, there are limited spots available. In order for your child/dependant to secure their spot a **$30 deposit is required by the end of Friday 4th November**.  
The final payment is due by **Friday 25th November**, If there are any issues with payment, please do not hesitate to contact the year coordinators.
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.

Phil Beecher          Amy Lambert/Geoff Miles
School Principal      Teachers in Charge
YEAR 9 JAMBEROO TRIP
PERMISSION NOTE

Permission Note to be Signed by Parents

I give permission for my child
........................................................................................................................................
to take part in the Year 9 excursion taking place at Jamberoo Water Park, Jamberoo on Monday 12th December 2016.

Please tick one of the following:
I will be staying at school on the day: (please return your note)  
I have paid a $30 deposit to secure my spot:  
I have paid the full amount of $70 to secure my spot:

The ACT Department of Education and Training is an agency of the ACT Government (the Territory). The Territory has insurance arrangements in place in order to meet certain liabilities. The Territory meets claims (including claims resulting from school activities or excursions) against it where there is a legal liability to do so. Liability is not automatic and depends on the circumstances in which the injury or illness was sustained. Parents should obtain their own advice about private insurance protection that may assist in meeting expenses if their child is injured or suffers an illness in circumstances where there is no liability on the part of the Territory.

If the outside provider of the service or activity has requested that you sign a waiver or disclaimer statement, the ACT Department of Education and Training recommends that you consider carefully any risks involved before proceeding.

- I authorise the teacher-in-charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency
- I agree to meet the costs associated with any emergency arrangement made by the teacher-in-charge (free ambulance transportation applies only in the ACT)
- I agree that the student will be under the authority of the school for the duration of the activity, and that the teacher-in-charge is authorised to return the student home at the expense of the parent/guardian if the teacher-in-charge considers that circumstances warrant such action
- Please complete the attached medical form which will include information about current medical requirements and/or other needs of the child relevant to the activity
- The Excursion Medical Information and Consent Form must be completed and returned to the school prior to the excursion.

(Where relevant) I agree to my child travelling by private car, driven by a staff member or leader as the case may be.

(Where relevant) I understand that video and photographic material may be taken of my child on the excursion for assessment, display, moderation and publicity purposes and give permission for this to occur.

Please turn over
SWIMMING ABILITY

This excursion will involve water based activities and as a result your child will need to have some swimming ability

My child

Please tick one of the options below:

Cannot swim …… Is a weak swimmer …… Is a moderate swimmer….. Is a strong swimmer ……

My child is able to swim ……………………………………………….. (metres)

Full name of parent/guardian (please print):

Signature of parent/guardian: .................................................. Date: .........................

*Please turn over for payment options*
EXCURSION TITLE: Year 9 Jamberoo Water Park Excursion
FEE CODE: WATER

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
   (QUICKWEB)
4. Phone Payments – Credit cards Phone: 62057000 or 62057028

________________________________________________________

Please debit my ☐ Mastercard ☐ Visa ☐
Card Number: 0000-0000-0000-0000

Card Expiry Date: __________ Name on card: ____________________________
Parent/Carer: ___________________ Student Name: _________________________
Total Amount Paid: $___________
Cardholders Signature: ________________________________
Contact Phone number of Cardholder: _____________________________
The form is intended to assist the school in case of any medical emergency with the student. All information is held in confidence.

School: .................................................................................................................................
Camp/Excursion: ....................................................................................................................

Student’s Name: ............................................................... Date of Birth: ......................... School Year: ................
Parent/Guardian: ...................................................................................................................

Address: ..................................................................................................................................

Telephone Contact Nos - Business Hours: .................................. After Hours: ................................
Other Contact for Emergency: ................................................................. Telephone No: ....................

Name of Student’s Doctor: ............................................................ Telephone No: ..........................
Medicare No: ........................................... Medical/Hospital Insurance Fund: .................. Fund No: ................
Ambulance Fund: ................................................... I am aware that I am responsible for ambulance costs outside the ACT: ☐

Please tick if your child suffers any of the following:
☐ allergies ☐ blood pressure ☐ epilepsy ☐ hayfever ☐ nose bleeds
☐ asthma ☐ diabetes ☐ fainting ☐ headaches ☐ reaction to drugs
☐ bed wetting ☐ eczema ☐ fits or blackouts ☐ heart condition ☐ sight/hearing problems
☐ other - give details: ..............................................................................................................

If you have ticked any boxes please give details:
.................................................................................................................................................
 .................................................................................................................................................

Date of last Tetanus injection: ..................................................
Has the student suffered from any acute illness or injury or been treated by a medical practitioner for
an illness or injury during the last 4 weeks? Yes ☐ No ☐
If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the
camp/ excursion.
.................................................................................................................................................

Is the student presently taking any medication? Yes ☐ No ☐
If YES, please state name of medication, dosage, etc: .................................................................

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion.
Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be
labelled with the students name, dosage and frequency of administration.

Do you consent to the student receiving paracetamol eg. Panadol, Dymadon for temporary pain relief,
high temperature or fever? Yes ☐ No ☐

Are you aware of any physical or psychological limitations of your child? Please give details. .........................
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Is there any other information which you believe may help us to provide the best possible care? .........................
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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: .........................

This form requests information about students which will be held by the school. This information may be disclosed to government or private
medical or para- medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful
administrative function of the ACT Department of Education & Community Services.