**EXCURSION INFORMATION**

<table>
<thead>
<tr>
<th>Name of Excursion:</th>
<th>Hockey ACT Quikstix Competition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dates of Excursion:</strong></td>
<td>Monday 28 November – Thursday 1 December 2016</td>
</tr>
<tr>
<td><strong>Venue:</strong></td>
<td>National Hockey Centre Lyneham</td>
</tr>
<tr>
<td><strong>Times:</strong></td>
<td>TBA once draw is completed. The team will play approximately 2 games a day. Matches will commence at 9am and all games will conclude at 4pm. Matches will be allocated a 1 hour time slot.</td>
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<tr>
<td><strong>Transport:</strong></td>
<td>Students are required to make their own way to and from the venue.</td>
</tr>
<tr>
<td><strong>Accompanying Adults:</strong></td>
<td>Ceiran Lane - team manager. Ceiran will have duty of care and will be in attendance at all matches. Jakki Pyner (teacher in charge, at venue when possible).</td>
</tr>
<tr>
<td><strong>Equipment Required:</strong></td>
<td>Hockey Stick, Shin pads, Mouth Guard, Uniform: Shape top, black skirt or shorts, white socks, Sun Protection, All food and drink</td>
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<tr>
<td><strong>Cost:</strong></td>
<td>$60 payment options attached</td>
</tr>
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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.**

Parents are more than welcome to attend sporting events as spectators, but may assist only when invited to by a school representative.

A Medical Information Form & Permission Note is enclosed. Please complete and return them to school as soon as possible.

*The following are the recognised players’ Code of Conduct that students should be aware of:*  

- Be a good sport.  
- Play for enjoyment.  
- Work hard for your team as well as yourself.  
- Treat all teammates and opponents, as **YOU** would like to be treated.  
- Play by the rules.  
- Control your behaviour on and off the field.  
- Learn to value honest effort, skilled performance and improvement.  
- Cooperate with your coach, officials, teammates and opponents.  
- Respect and abide by officials’ decisions.

Phil Beecher  
School Principal

Jakki Pyner  
SHAPE teacher
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 Hockey ACT Quikstix Competition, TTM National Hockey Centre

From 28 November - 1 December 2016

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

Full name of Parent/Guardian (please print) ........................................................................................................................................

Contact telephone No – Business hours: After hours Mobile:

Signature of Parent/Guardian ........................................................................ Date ........................

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

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

Signature of Student ........................................................................ Date ........................
EXCURSION MEDICAL INFORMATION
AND CONSENT FORM

This form is intended to be used to assist the school in the case of any medical treatment required or medical
emergency involving a student on a excursion involving day travel beyond the ACT or an excursion including overnight
accommodation regardless of the distance from the school. It is also intended to be used for an overseas excursion,
sports and all outdoor adventure activities. A copy of each student’s form must be taken along on the excursion.

The Department 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 your child’s school and will be made available to staff of the school 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 Privacy Act 1988
(Commonwealth). Parents/carers must note that in the absence of an Emergency Treatment Plan only standard first aid will be
administered.

Student’s name: ................................................................. Date of birth: ......................... Sex: □ M □ F

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

Parent/Carer: ................................................................. Contact telephone numbers: Business hours: ........ After hours: ........ Mobile: ....

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

Other contact for emergency: ................................................................................................................... Telephone no.: .........................

Name of student’s doctor: ................................................................................................................... Telephone no.: .........................

Medicare no: ................................................................. Private health fund: ................... Membership number: .................

Ambulance fund: ................... NOTE: Parents/carers are responsible for ambulance costs outside the ACT.

Please tick the relevant box(es) below if your child suffers from any of the following:

□ allergies □ diabetes □ fits or blackouts □ motion sickness □ nose bleeds

□ anaphylaxis □ eczema □ hay fever □ muscular/skeletal complaint □ reaction to drugs

□ asthma □ epilepsy □ headaches □ sight/hearing problems

□ blood pressure □ fainting □ heart condition □ sunscreen sensitivity

□ other: ..........................................................................................................................................................

If you have ticked any of the boxes above, an Emergency Treatment Plan must be provided. Proforma plans are available from the
tschool. NOTE: The school will provide standard first aid treatment only unless an Emergency Treatment Plan is provided.

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 before 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
student’s name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes □ No □

I consent to my child receiving ibuprofen. Yes □ No □

Are you aware of any physical or psychological limitations of your child? Please give details.

Consent to medical attention: In the case of my child requiring medical treatment or in the case of a medical emergency, I consent
to the school providing first aid (and, if applicable, treatment as outlined in the Emergency Treatment Plan I have provided to the
school). I further authorise the school, where it is not practicable to communicate with me, to arrange for my child to receive such
medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs that may be incurred for the medical
treatment, ambulance transport and drugs relating to my child.

Emergency Treatment Plan

I have attached an Emergency Treatment Plan Yes □ No □

If yes, indicate date of plan and doctor’s name and contact information.

Parent/Carer signature: .................................................................................................................... Date: ..............................
FEE CODE: QUIKSTIX

EXCURSION TITLE: Quikstix Hockey

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: □□□□-□□□□□-□□□□□-□□□□

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.