



## EXCURSION INFORMATION

<b><u>Name of Excursion:</u></b>  <b>CareersXpo</b>	<b><u>Date of Excursion:</u></b>  Thursday 16 August 2018 9.00-11.30
<b><u>Venue:</u></b>  <b>EPIC</b>	<b><u>Cost:</u></b>  <b>\$2.50</b>
<b><u>Transport:</u></b>  <b>ACTION Charter Buses</b>	<b><u>Accompanying Staff:</u></b>  Year 10 ACE teachers.
<b><u>Equipment Required:</u></b>  • Full school uniform	<b>PERMISSION NOTE AND PAYMENT DUE BACK</b> <b>Tuesday 6<sup>th</sup> August</b>

**The CareersXpo has been in operation for over 30 years and has evolved into a major source of careers, training and further education information for students. The CareersXpo offers a wide variety of industry representatives and educational facilities to help young people focus on their transition from school to work or further education. Year 10 students will be able to visit stalls and get information about careers they may be interested in.**

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 forms to school by Thursday 6th August.**

# 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 .....

ACE Group \_\_\_\_\_

To attend the CareersXpo on Thursday 16 August 2018

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:

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.

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

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

**FEE CODE: CAREERS**  
**EXCURSION TITLE: CareersXpo**  
**COST: \$2.50**

**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: 62057000 or 62057028

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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: \_\_\_\_\_