



EXCURSION INFORMATION

<u>Name of Excursion:</u> Robotics Workshop – Questacon Maker Project	<u>Date of Excursion:</u> Monday 26 th June 2017 (week 10)
<u>Venue:</u> Questacon Technology Learning Centre, Denison Street, Deakin	<u>Times:</u> 8.50am – 3.30pm
<u>Transport:</u> Students will be travelling on the Hertz bus to and from the venue	<u>Accompanying Staff:</u> Ash Chandra
<u>Equipment Required:</u> Wear school uniform and enclosed footwear. Students will need to bring packed lunch and snacks as there will be no canteen facilities available at the venue	<u>Cost:</u> \$13 (includes travel and entry costs). Payments are to be made to the Front Office by Friday 23 June 2017
<u>Activity:</u> Session 1 – Intro to 3D Design Session 2 – Robots Hack Students are presented with different challenges and learning experiences to expand their lateral and logical thinking, as well as increase confidence in their ability to work through problems to reach a solution. The workshops aim to create an awareness of technology, engineering and design thinking providing a chance to explore, invent and be innovative.	<u>Other information:</u> Permission note needs to be handed to Mr Chandra or the front office by Friday 23/6/17

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.

If you have any queries or concerns, please do not hesitate to contact Ash Chandra on 62057000 or 62057020.

Ash Chandra
Executive Teacher – Technology Faculty

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 Robotics Workshop – Maker Project at Questacon Technology Learning Centre, Denison Street, Deakin **on** Monday 26th June 2017 (week 10)

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:

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.....
.....
.....

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 | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hay fever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> asthma | <input type="checkbox"/> pressure | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> bed wetting | <input type="checkbox"/> diabetes | <input type="checkbox"/> fits or | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| | <input type="checkbox"/> eczema | <input type="checkbox"/> blackouts | | |

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 excursion.

FEE CODE: ROBOQUEST

EXCURSION TITLE: Robotics – Questacon Maker Project

\$13.00

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.canberraahs.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: _____