



## EXCURSION INFORMATION

<b><u>Name of Excursion:</u></b> CHS Volleyball v Melba High School	<b><u>Dates of Excursion:</u></b> Week 14 Tuesday 31 October Week 15 Tuesday 7 November Week 16 Tuesday 14 November
<b><u>Venue:</u></b> Canberra High School Gym	<b><u>Extra information</u></b> Weekly Volleyball games against Melba High School Girls teams 3:15 - 4:15pm
<b><u>Transport:</u></b> Students will need to be collected from school at 4.15pm	<b><u>Accompanying Staff:</u></b> Graeme Lambert
<b><u>Equipment Required:</u></b> <ul style="list-style-type: none"><li>• Water</li><li>• SHAPE Uniform</li></ul>	

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

**Graeme Lambert**  
SHAPE Executive

# 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

To participate in the High School volleyball against Melba/Copland on Tuesday 31<sup>st</sup> October, 7<sup>th</sup> and 14<sup>th</sup> November 2017.

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"/> 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.

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

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