



Canberra High School  
— ESTABLISHED 1938 —

Feb 27, 2018

## Year 8 Mandarin Students Sydney Excursion

Dear Parents/Caregivers,

To give students a firsthand cultural experience, an excursion to Chinatown, Sydney is proposed for the 28 and 29 of June 2018, for the Year 8 Mandarin classes and possibly several senior class members as peer leaders.

The cost is \$180, which includes transport and accommodation at Sydney Central YHA Hotel, admissions, one full breakfast and a Yum-cha lunch on Day 2.

This opportunity is optional for the students and the first forty five students to return their note and pay their deposit will be able to go. Please pay the deposit and return the permission note to the Front Office at your earliest convenience. **As this is an interstate and extracurricular activity, it is expected that students will demonstrate exemplary behaviour on the excursion and in their classes at school in the lead-up to the excursion.**

This is the proposed itinerary:

### Thursday 28/6/2018

8:00am	Roll Call
8:15am	Depart from CHS
10:15am	Short break
12:00am	Buddhist Temple in Bonnyrigg
1:10-2.10pm	Lunch & shop in Cabramatta
3:00-5:00pm	China Cultural Centre in Sydney
5:30-6:00pm	Check in hotel (Sydney Central YHA)
6:00-6:20pm	Walk to Darling Harbour
6:20-7:00pm	Walk in Darling Harbour
7:00-8:30pm	Dinner & explore Chinese shops in Chinatown
8:30-10:00pm	Movies or games at hotel
10:30pm	Lights Out

### Friday 29/6/2018

8:00-9:00am	Breakfast
9:30am	Check out
10:00-11:00am	Explore the Chinese garden
11:15-12:45pm	Paddy's Markets
1:00-2:00pm	Yum-cha lunch in Zilver Restaurant
2:10pm	Depart from Chinatown
4:00-4:20pm	Short break
6:20pm	Arrive at CHS

Please feel free to contact Bingfu Chen or Weiwei Zheng on 61420800 or [Bingfu.Chen@ed.act.edu.au](mailto:Bingfu.Chen@ed.act.edu.au) or [wei.zheng@ed.act.edu.au](mailto:wei.zheng@ed.act.edu.au) if you need any other information about the excursion.

If you would like your child to participate in this excursion, please pay a deposit of \$50 before Friday 27/04/2018 to secure a place for the hotel and bus booking. The full payment is payable by Friday the 8th of June. Please find the information for payment overleaf.

Phone 02 6142 0800 • Fax 02 6142 0806

Address Bindubi Street Macquarie ACT 2614

Email [info@canberrahs.act.edu.au](mailto:info@canberrahs.act.edu.au) • Web [www.canberrahs.act.edu.au](http://www.canberrahs.act.edu.au)

ABN 16 237 342 597



## Permission note

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ in the Year \_\_\_\_\_

Mandarin class to participate in the Sydney Excursion on 28-29/6/2018.

Parent's signature: \_\_\_\_\_  
(or caregiver's)

Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

## Food allergy and/or Special dietary requirement

Does your child have any kind of food allergy? \_\_\_\_\_

If yes, details are:

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Parent's Signature: \_\_\_\_\_

Does your child have special dietary requirement? \_\_\_\_\_

If yes, details are:

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## Medications

On a separate form



Australian Capital Territory

EDUCATION & COMMUNITY SERVICES

## MEDICAL INFORMATION AND CONSENT FORM

**This form is to be used for category C & D excursions, overseas excursions and all outdoor adventure activities.  
A copy of each student's form must be taken on the excursion.**

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:

- |                                      |   |  |  |   |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies   | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <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 |

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.

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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. ....

.....

Is there any other information which you believe may help us to provide the best possible care? .....

.....

**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.

## FEE CODE: Chinatown

### EXCURSION TITLE: Mandarin Sydney Excursion

#### 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](http://www.canberraahs.act.edu.au)  
(QUICKWEB)

**4.Phone Payments – Credit cards** Phone: 6142 0800 or 6142 0807

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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: \_\_\_\_\_

**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.