



EXCURSION INFORMATION

<u>Name of Excursion:</u> Its Your Move Cycle Program	<u>Date of Excursion:</u> 30/8/17 – 15/9/17
<u>Venue:</u> Aranda, Cook, Lake Ginninderra, Bruce Ridge	<u>Times:</u> Advanced Shape – Class time
<u>Transport:</u> Students will be riding mountain bikes with class teacher.	<u>Accompanying Staff:</u> Angela Gaskin
<u>Equipment Required:</u> <ul style="list-style-type: none">Shorts, T-Shirt, Runners, Drink bottle.	<u>Other information</u> No payment is required Bikes and Helmets are provided

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.***

It's Your Move Dafe Cycle Program

It's Your Move: Safe Cycle for High Schools is a curriculum resource for Years 7-10 that aims to increase the confidence and skills of high school students to travel actively on bikes. Students will have bikes provided and will ride to certain areas near Canberra High School during their SHAPE lessons.

Students will learn;

- Safe Cycling
- Bike Familiarisation
- Bike Maintenance
- The health benefits of riding a bike
- Lifelong physical activity opportunity

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

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 Safe Cycle Program

On 30/08/17 – 15/09/17

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:

allergies

blood pressure

epilepsy

hay fever

nose bleeds

asthma

diabetes

fainting

headaches

reaction to drugs

bed wetting

eczema

fits or blackouts

heart condition

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**