



## Excursion: Mulligans Flat Night Walk

**Excursion Description:** This excursion is an exciting opportunity for Year 9 students to see the Mulligans Flat Woodland Sanctuary during sunset and after dark. This excursion compliments the ecology unit and by being run at night, will increase the chances that students will get to experience Bettongs and Quolls in action.

**Departure (Time & Date):** Wednesday 18<sup>th</sup> September, 6:00pm. Please arrive promptly at 5:45 for attendance checks, so that the walk can begin on time

**Return (Time & Date):** Wednesday 18<sup>th</sup> September, 7:00pm (approximately)

**Transport:** Own. Students are to be dropped off and picked up at the Mulligan's Flat reserve, Main gate entrance.

**Cost:** \$12 **NO ON LINE PAYMENTS – limited spaces available**

**Payment due:** Monday 16<sup>th</sup> September

**Cost includes:** After hours entrance to the Mulligan's flat reserve with a guided tour to observe native species.

**Not included:** Transport

**Attending staff:** Natalie Darby, Laura Gibbs, Richard Erlandson, Lindsay Nailer

**Contact details:** 0402 962 305 (during excursion) 6142 0800 (school hours)

**Other information:**

There are 45 student places for this excursion. To secure a place, you must hand in both your note and money to the front office. Payment or note alone will not secure your place.

We also would like to invite parents and carers to attend this excursion, however, places are strictly limited for this, with only 10 places available. If you, as a parent or carer, would like to take part in this excursion with your child please complete the relevant portion of the permission form. We will contact you to let you know if you have been successful in securing a place.

# 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 **Mulligans Flat Night Walk Excursion**

on **Wednesday September 18**

I have read the attached information regarding this excursion and understand what it contains.

**Full name of Parent/Guardian** (please print) .....

Contact telephone Nos –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"/> 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.

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## Parent and Carers Expression of Interest

I, \_\_\_\_\_ (name of parent/carer) wish to attend the Mulligan's Flat Night Walk Excursion. I understand that I will be contacted if I secure a place and that completion of this form does not guarantee a place. I also agree to contact Canberra High School if I am no longer able to attend.

Signature: ..... Date .....

**FEE CODE: MULLIGANF**

**EXCURSION TITLE: Mulligans Flat Night Walk**

IMPORTANT NOTE: Due to limitations on numbers, no online payments will be accepted. We apologise for any inconvenience.

**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. Phone Payments – Credit cards** Phone: 6142 0800 or 6142 0807
- 3. Authorised Card Payment –** Complete the form below

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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: \_\_\_\_\_

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.