



Canberra High School  
— ESTABLISHED 1938 —

## Sydney Jewish Museum

Dear Parents and Carers

As part of our HASS unit, students have the opportunity to attend the Sydney Jewish Museum. We will attend the morning and afternoon workshops: Understanding the Holocaust, and Holocaust survivors' stories in a keynote address. This is an amazing opportunity to get a better insight into Jewish history and the Holocaust, and potentially meet Holocaust survivors. Please note that this material may be confronting to some students and consideration is advised.

Students may bring a small bag, water bottle and snacks/lunch. There will be a short lunch break where students will be permitted to buy lunch on nearby Victoria street in safety groups no smaller than 4.

Please note there may be a rest break at Sutton Forest outbound/inbound as needed.

Students are strongly encouraged to wear masks on the bus and they are mandatory in the Museum (strictly no cloth masks – as per Museum guidelines). Mask will be provided on the day by teachers.

|   |  |
|---|--|
| <b><u>Name of Excursion:</u></b><br>Sydney Jewish Museum  | <b><u>Date of Excursion:</u></b><br>Friday 20 October 23   |
| <b><u>Venue:</u></b><br>Sydney Jewish Museum<br>147 Darlinghurst Rd, Darlinghurst,<br>Sydney  | <b><u>Times:</u></b><br>5:45am – 7:30pm<br>(arrive at 5:30am, <b><u>5:45am SHARP departure</u></b> )   |
| <b><u>Cost:</u></b><br>\$80 per student   | <b><u>Accompanying Staff:</u></b><br>Dave Crowe-Beveridge, James Meissner & Mel<br>Timpson   |
| <b><u>Transport:</u></b><br>Chartered Bus   | <b><u>Equipment Required:</u></b><br>School uniform<br>masks (strictly no cloth masks)<br>sanitiser<br>snacks/lunch<br>Money for snacks/meals<br>Small bags only – limited space in museum for storage |
| <b><u>Other information</u></b><br>Please note that this material may be confronting to some students and consideration is advised. |  |

Phone 02 6142 0800 • Fax 02 6142 0806

Ngunnawal Country

Address Bindubi Street Macquarie ACT 2614

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ABN 16 237 342 597

Students are asked not to attend if they have any Covid-19 symptoms.

In the event of staffing shortages, due to covid. This excursion may be cancelled at short notice.

Students are expected to be in full school uniform when attending excursions.

Excursions are offered to enrich student learning. Students are expected to catch up on any work missed whilst on excursion and are encouraged to talk to their teachers beforehand.

This excursion is capped at 54 students. Completed forms and money to be returned to the front office by 20/09/23.

Kind Regards

**Roisin Lafferty and HASS Staff**

## Sydney Jewish Museum

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the Canberra High School excursion to the Sydney Jewish Museum on 20/10/23. Students will travel by bus to the excursion.

I enclose \$80

- *I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.*
- *I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*
- *Staff accompanying students on excursions 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 warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*
- *The school has made every effort to keep cost for this activity at a responsible level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution.*

Name of Parent/Carer:

(please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website ([www.det.act.gov.au](http://www.det.act.gov.au)) on the About Us page.

## MEDICAL INFORMATION AND CONSENT FORM

### Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

| Section A – Personal Details (please fill in clearly)  |  |  |  |   |  |
|--|--|--|--|---|--|
| Student's Name   |  | Date of Birth                              |  |   |  |
| Gender   | M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> I/They use different term (please specify) <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |  |  |   |  |
| School   | School Year  |  |  |   |  |
| Parent/Carer Name  | Address  |  |  |   |  |
| Telephone Contact  | Mobile   | Home                                       | Business                                 |   |  |
| Emergency Contact 1  | Telephone  |  |  |   |  |
| Emergency Contact 2  | Telephone  |  |  |   |  |
| Name of Qualified Health Professional  | Telephone  |  |  |   |  |
| Section B – Medical Information  |  |  |  |   |  |
| 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"/> Hay Fever       | <input type="checkbox"/> Nose Bleeds            |  |
| <input type="checkbox"/> Anaphylaxis*  | <input type="checkbox"/> Diabetes*   | <input type="checkbox"/> Fainting          | <input type="checkbox"/> Headaches       | <input type="checkbox"/> Reaction to Drugs      |  |
| <input type="checkbox"/> Asthma*   | <input type="checkbox"/> Eczema  | <input type="checkbox"/> Fits or blackouts | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sight/Hearing Problems |  |
| *Please complete and attach a <i>Known Medical Condition Response Plan</i>   |  |  |  |   | <input type="checkbox"/> Sun Screen Sensitivity          |
| <input type="checkbox"/> Other (please specify)  |  |  |  |   |  |
| Please identify whether your child is presently taking any medication:   |  |  |  |   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, the parent/carer must give written permission and direction for the administration of any medication at school or during school related activities, as follows:  |  |  |  |   |  |
| <ul style="list-style-type: none"> <li>For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication).</li> <li>For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>.</li> </ul> |  |  |  |   |  |
| Date of last tetanus injection   |  |  |  |   |  |
| Are you aware of any physical or psychological limitations of your child (please specify)?   |  |  |  |   |  |
|  |  |  |  |   |  |
| Is there any other information which you believe may be relevant to the general medical/health care of your child?   |  |  |  |   |  |
|  |  |  |  |   |  |
| Section C – Parent/Carer Authorisation   |  |  |  |   |  |
| 1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to: <ol style="list-style-type: none"> <li>the provision of first aid;</li> <li>the provision of analgesics;</li> <li>treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant).</li> </ol>  |  |  |  |   |  |
| 2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.   |  |  |  |   |  |
| 3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.  |  |  |  |   |  |
| NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i> , in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.  |  |  |  |   |  |
| Parent/Carer Signature   |  | Date                                       |  |   |  |

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

### Office Use Only

|                    |                  |                          |      |
|--------------------|------------------|--------------------------|------|
| Student Central ID | Entered into SAS | <input type="checkbox"/> | Date |
|--------------------|------------------|--------------------------|------|

Student Name: \_\_\_\_\_

**PAYMENT OPTIONS**

**Fee Code: \_ JMUSEUM**

1. **Payment in person** at the front office between 8:15am & 2:30pm Mon-Fri  
**EFTPOS** facilities are available. Cheques made payable to Canberra High School
2. **Canberra High School Website** [www.canberra.hs.act.edu.au](http://www.canberra.hs.act.edu.au)
3. **Phone Payments** – Credit cards Ph: 6142 0800 or 6142 0807

**CREDIT CARD PAYMENTS CAN ONLY BE MADE OVER THE  
PHONE AND/OR IN PERSON**

**Please do not leave any details on this form**

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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.