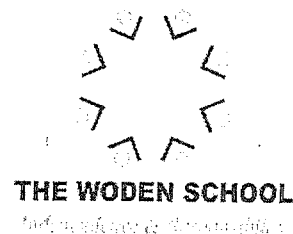




The Woden School  
Denison Street  
Deakin ACT  
2600  
Telephone (02) 61420200



Excursion Permission Note for Outdoor Education Years 7-10		
Where:	Kayaking and camping over night at Lake Durras NSW	
Purpose: (Links to curriculum)	To Demonstrate respect for the natural environment. Exhibit initiative in outdoor and water based activities. Show leadership skills and work skills in group situations.	
Date/s:	30 March to 31 March 2017	Cost: \$140.00
Transport:	School bus	
Special Requirements	School Uniform (T-Shirts), sunsmart protection (hat, sunscreen), warm clothes, sleeping bag, water bottle, clothing for kayaking (swimmers, long sleeve shirt) towel, torch, wet weather gear, toiletries (soap, shampoo, toothbrush, toothpaste), comfortable closed-in shoes and a spare change of shoes, <b>small tent if available. Please provide a packed lunch for lunch in Braidwood on day 1.</b>	
Staff attending:	Sarah Crittenden	
Return note to:	Sarah Crittenden – middle school staffroom	

Staff take all reasonable care while students are in their charge to protect them from injury and to control and supervise behaviour and activities. Parents and Carers should be aware that staff members are not responsible for injuries or damage to property that may occur on an excursion where staff have not been negligent. Parents and Carers should warn students of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. Please do not hesitate to contact the school if you have any questions or require further information.

Most excursions support curriculum but some are regarded as 'enrichment' activities and are not compulsory.

Application for financial assistance can always be made directly to the Principal.

Many excursions involve non-refundable advance bookings and payments. Please be aware that refunds are not always possible if students do not attend.

Co-ordinating teacher

Executive

Principal Ian Copland

I wish for \_\_\_\_\_ to attend the excursion to: Lake Durras, NSW

Teacher: Sarah Crittenden

Payment method: Direct deposit Y/N Cash Cheque Credit – see School Website

Account Name: The Woden School

BSB: 032777

Account Number: 001893

Fee code  
OUTED

Please include reference 'NAME' for your payment, e.g. 'J SMITH' and Fee Code

- I understand the information and have read the schedule of events
- I give permission for photographs of my child to be taken and displayed as appropriate
- I understand that school uniform (T shirts) are highly suitable for all excursions.

.....  
Parent/Carer name (printed)

.....  
Signature

.....  
Date

## Outdoor Education excursion to Lake Durras NSW Years 7-10

Date: Thursday 30 March and Friday 31 March 2017

Departure time: 9.00 am from The Woden School

Return time: 2 – 2.30pm The Woden School

Destination: Lake Durras (14kms north of Batemans Bay).

Accommodation: Lakesea Camp – tents or cabins (02 44786122)

Kayak instruction and hire: Bay and Beyond Kayak Tours (02 44787777).

Transport: School bus driven by school staff

Supervising staff member: Sarah Crittenden

Cost \$140 includes transport, kayak hire and instruction, accommodation and 1 dinner, breakfast and lunch

### Itinerary

#### **Wednesday**

Drive school bus to Lake Durras, stopping at Braidwood for a packed lunch provided by parents/carers. Arrive Lake Durras, set up camp and walk to Lake Durras Jetty to meet our instructors for safety procedure instructions before we start kayaking on Lake Durras. (In case of inclement weather an alternative program of a movie or game of mini golf will be organised.) BBQ and campsite activities in the evening.

#### **Thursday**

Pack up camp after breakfast followed by a walk along Durras Beach. Depart Lake Durras between 11-11.30am for Canberra, stop at Braidwood for lunch. Arrive at The Woden School at approximately 2-2.30pm.

### Essential Items

Warm clothes, sleeping bag, Water bottle, hat, clothing for kayaking (swimmers, long sleeve shirt) towel, soap and shampoo, torch, toiletries - tooth brush and toothpaste, rain jacket, **small tent if available**, comfortable shoes and a change of shoes. **Packed lunch for day 1.**

**Please complete the attached Excursion Medical Information and Consent Form**



# The Woden School



I give permission for my child ..... to take part in the Kayaking and camping outdoor adventure activity taking place at Lake Durras from 30 March to 31 March 2017.

*The ACT Department of Education and Training is an agency of the ACT Government (the Territory). The Territory has insurance arrangements in place in order to meet certain liabilities. The Territory meets claims (including claims resulting from school activities or excursions) against it where there is a legal liability to do so. Liability is not automatic and depends on the circumstances in which the injury or illness was sustained. Parents should obtain their own advice about private insurance protection that may assist in meeting expenses if their child is injured or suffers an illness in circumstances where there is no liability on the part of the Territory. If the outside provider of the service or activity has requested that you sign a waiver or disclaimer statement, the ACT Department of Education and Training recommends that you consider carefully any risks involved before proceeding.*

- authorisation for the teacher-in-charge (Sarah Crittenden) to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency*
- agreement to meet the costs associated with any emergency arrangement made by the teacher in charge (free ambulance transportation applies only in the ACT)*
- agreement that the student will be under the authority of the school for the duration of the activity, and that the teacher-in-charge is authorised to return the student home at the expense of the parent/guardian if the teacher-in-charge considers that circumstances warrant such action*
- agreement by the parent/carer to the student's travelling by private car, driven by a staff member, parent/carer or another student, as the case may be*

Full name of parent/guardian (please print):

.....

Signature of parent/guardian: ..... Date: .....



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## Permission for swimming and aquatic activities

NOTE: The information that you provide will assist to provide a safe environment for your child's participation in swimming/aquatic activities.

Please describe in detail your child's swimming ability, e.g. water confidence, swimming strength, distance (swimming continuously) and ability to tread water.

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Please list any special requirements necessary for your child to participate in swimming/aquatic activities.

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I agree to my child taking part in swimming/aquatic activities associated with this excursion.

Parent/guardian signature: ..... Date: .....

*This form requests information about students that will be held by the school. This information may be disclosed to government or private medical or paramedical 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 and Training.*



**EXCURSION MEDICAL INFORMATION AND CONSENT FORM**

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a excursion involving day travel beyond the ACT or an excursion including overnight accommodation regardless of the distance from the school. It is also intended to be used for an overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken along on the excursion.

The Department 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 your child's school and will be made available to staff of the school 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 *Privacy Act 1988* (Commonwealth). Parents/carers must note that in the absence of an **Emergency Treatment Plan** only standard first aid will be administered.

Student's name: ..... Date of birth: .....

Sex:  M  F School: ..... School year: .....

Camp/Excursion: .....

Parent/Carer:.....

Address:.....

.....

Contact telephone numbers: Business hours: ..... After hours:.....

Mobile:.....

Other contact for emergency: ..... Telephone no.: .....

Name of student's doctor: ..... Telephone no.: .....

Medicare no: ..... Private health fund: .....

Membership number: .....

Ambulance fund: ..... NOTE: Parents/carers are responsible for ambulance costs outside the ACT.

Please tick the relevant box(es) below if your child suffers from any of the following:

- allergies
- anaphylaxis
- asthma
- blood pressure
- diabetes
- eczema
- epilepsy
- fainting
- fits or blackouts
- hay fever
- headaches
- heart condition
- motion sickness
- muscular/skeletal complaint
- nose bleeds
- reaction to drugs
- sight/hearing problems
- sunscreen sensitivity
- other:

.....  
.....  
If you have ticked any of the boxes above, an **Emergency Treatment Plan** must be provided. Proforma plans are available from the school. **NOTE: The school will provide standard first aid treatment only unless an Emergency Treatment Plan is provided.**

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.

.....  
.....

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 before 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 student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes  No

I consent to my child receiving ibuprofen. Yes  No

Are you aware of any physical or psychological limitations of your child? Please give details.

.....  
.....

**Consent to medical attention:** In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid (and, if applicable, treatment as outlined in the **Emergency Treatment Plan** I have provided to the school). I further authorise the school, where it is not practicable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs that may be incurred for the medical treatment, ambulance transport and drugs relating to my child.

### Emergency Treatment Plan

I have attached an Emergency Treatment Plan Yes  No

If yes, indicate date of plan and doctor's name and contact information.

Parent/Carer signature: ..... Date: .....