

University of Canberra High School Kaleen

Excursion Information

Excursion	UCHSK School Running Festival (Cross Country)		
Location	Stromlo Forest Park, Opperman Drive, Stromlo, ACT		
Purpose:	For students to participate in School Sport, build School Spirit and understand the importance of leading an active lifestyle.		
Date	Friday 14th May 2021	Time	8:55am – 3:00pm
Transport	Chartered Bus (buses to depart from UCHSK at 9.05am, and return prior to 3.00pm)		
Attending staff	All UCHSK staff		
Special Requirements:	All students are expected to be dressed in appropriate clothing suitable for physical activity. Students are encouraged to wear their House colours. Students are required to bring their own morning tea, lunch and water bottle. There will be a sausage sizzle available for purchase on the day. No canteen will be available.		
Due Date	Date Friday 7th May 2021	*No notes will be accepted after this date.	
Cost	\$13 (to be paid to the Front Office) – bring money on the day for sausage sizzle		

Parent/Carer Declaration and Permission for Students to Attend Excursion

Staff accompanying students on excursions will take all reasonable care while supervising students to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff 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 resulting from impulsive, wilful, or disobedient behaviour.

I have discussed with my child and I understand and accept the need for sensible behaviour on this excursion. I agree that the student will be under the authority of the school for the duration of the activity, and that if the teacher-in-charge feels it is necessary for my child to return home early following a breach of these rules, I will be responsible for all costs and will not be eligible for any refund of excursion costs.

Please note: If you are experiencing financial hardship regarding this excursion, please contact the Principal to discuss payment options. The Education Act 2004 states that your child will not be refused benefits or services if you do not choose to contribute. Individual records of contributions are confidential

In the case of an emergency, I am aware that the school/teacher in charge/first aid officer may:

- arrange transport of the student by ambulance
- seek medical attention for the student at the nearest or most convenient medical facility
- administer a bronchodilator inhaler to the student in an asthma attack, and
- advise the emergency contact held by the school.

I understand that neither the school nor the ACT Education Directorate accepts responsibility for costs incurred on my behalf in securing medical treatment and associated services for my mentioned son/daughter/ward.

I am aware that I am responsible for the ambulance costs outside the ACT.

Michelle Coleman & Ben Williams
Co-ordinating teachers

Daniel Mowbray
Principal

University of Canberra High School Kaleen

Permission & Payment Note

Name of Excursion/Activity: **UCHSK Cross Country & Running Festival**

I have read the attached information regarding this excursion/activity and understand what it contains. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment), in an emergency. We have a copy of your child's medical details that you have supplied previously. If there have been any changes to your child's medical condition, please complete a new Medical form.

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) on the About Us page.

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UC HIGH SCHOOL KALEEN PERMISSION SLIP UCHSK Cross Country & Running Festival

I give permission for my child _____ Year _____ to attend the Cross Country excursion on Friday 14th May 2021.

Permission note and \$13 due to the front office by: **Friday 7th May 2021**
DUE TO BOOKING REQUIREMENTS, NO NOTES WILL BE ACCEPTED AFTER THIS DATE.

- My Child's medical circumstances on the medical forms on file are current, or my child's medical information has changed, and I have attached a new medical form.
- I give permission for photos to be taken of my child during this excursion and if required to be published in the school newsletter or displayed at the school assembly.
- I have read and agree with the Parent / Carer Declaration on page 1, Excursion Information.
- **If you will be making your own arrangements to get your child to or from the venue, please email UCHSKaleen.Rolls@ed.act.edu.au prior to the excursion day.**

Signed _____ Date _____
Parent Name (printed)

Payment Options

1. **QuickWeb** payment made on (date) _____

*The school encourages families to use our Quickweb banking facilities available through our website as it is a safe and secure way of making payments. Please use the URL below to take you to the Schools QuickWeb payment tab.
<http://www.kaleenhs.act.edu.au/payment>

2. **Direct Deposit:** payment made on (date) _____

Acc. Name: UC High School Management Account BSB: 032 777 Acc. No. 001455

Please include student name, school year & payment detail (excursion name) Receipt number:.....

3. **Cash** **Mastercard** **Visa**

*Payment can be made in person at school Front Office-between 8:30am & 2:30pm Mon-Fri.

Alternatively, please fill out the details below

I hereby give authority for payment to be made from my credit card. My credit card details are:

Card No: • • • CCV: _____

Expiry date: ___/___ Cardholder's Name: _____ Date: _____

Cardholder's Signature: _____ Amount: \$ _____