

# Excursion Permission Note

<b>Where:</b>	White Rocks Queanbeyan				
<b>Purpose:</b> Students will get the opportunity to undertake some abseiling and rock climbing in a natural setting. This excursion will provide an introduction to rock climbing and abseiling for students new to the activity and a consolidation of skills for experienced students. Lake Ginninderra College Year 12 students will be helping to run the activities as part of Certificate II Outdoor Recreation. All activities will be conducted under the supervision of qualified and experienced staff from both UCHSK and Lake Ginninderra College. If weather is unsuitable for the excursion the session will take place at Lake Ginninderra College.	<b>Transport:</b>	<b>\$13</b>			
	<b>Accommodation</b>	<b>\$ 0</b>			
	<b>Staffing:</b>	<b>\$ 0</b>			
	<b>Program/Meals:</b>	<b>\$0</b>			
	<b>Other</b>	<b>\$0</b>			
<b>Date:</b>	8 <sup>th</sup> May	<b>Time:</b>	8.15am Departure 3.00- 3.15pm Return (dependent on pack up time)	<b>Total Cost:</b>	<b>\$13</b>
<b>Transport:</b>	Hertz Bus and private car (depending on numbers). Rourke O'Sullivan will be driving the 25 seater bus and Kwabana Agyeman-Manu private car (if needed). Please advise of any concerns or query's.				
<b>Staff Attending:</b>	Rourke O'Sullivan, Kwabana Agyeman-Manu				
<b>Special Requirements/ Medical Changes:</b>	<b>All specialist climbing and abseiling equipment will be supplied. Students are required to remove all jewellery including earrings and rings and should leave these at home.</b> <b>Clothing</b> <ul style="list-style-type: none"> <li>○ Loose clothing</li> <li>○ Waterproof rain jacket</li> <li>○ Footwear for walking (boots with a heel are useful)</li> <li>○ 2 litres of water for drinking</li> </ul> <b>Hat and sunscreen</b> <ul style="list-style-type: none"> <li>○ Daypack</li> <li>○ Lunch and other food to eat during the day</li> <li>○ Hair ties to secure long hair while abseiling</li> </ul> <b>Recommended</b> <ul style="list-style-type: none"> <li>○ Enthusiasm, sense of humour and sense of adventure</li> </ul> <b>Please also advise if there are any changes to the students medical information</b>				
<b>Meeting time/place/teacher:</b>	Students will meet at school on the 8th of May at 8.05am and return to school 3.00 – 3.15pm				

Many excursions involve non-refundable advance bookings and payments. Parents/Carers need to be aware that refunds are not always available if students change their minds about attending. Students are expected to catch up on class work missed as a result of attending this excursion.

Staff accompanying students on excursions will take all reasonable care while students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

**Should there be any changes to your child's medical circumstances (as outlined in their enrolment medical information) please notify the teacher supervising this excursion.**

Parents should be aware that staff members are not responsible for injuries or damage to property that 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.

*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.*

Please do not hesitate to contact me at the school if you have any questions or require any further information.

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**Rourke O'Sullivan**  
**Co-ordinating teacher**

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**Lana Read**  
**Principal**

# Permission form

## OUTDOOR ADVENTURE ACTIVITY INFORMATION FOR PARENTS

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.

### Parents/guardians

- authorise for the teacher-in-charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency
- agree to meet the costs associated with any emergency arrangement made by the teacher in charge (free ambulance transportation applies only in the ACT)
- agree 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
- request for information about current medical requirements and/or other needs of the child relevant to the activity.

I acknowledge the details listed above and give permission for the supervising staff to seek medical attention for my child should they believe it is necessary. I am aware that I will be responsible for any medical expenses incurred and that free ambulance transportation (should it be required) only applies within the Australian Capital Territory.

I wish for my child \_\_\_\_\_ to attend the excursion to White Rocks on the 8<sup>th</sup> of May. **Notes to be returned to Mr O'Sullivan by Tuesday the 1<sup>st</sup> of May.**

I understand the conditions set out above, the permission description and have read the attached schedule of events.

- My child's medical circumstances have not changed **OR**  New medical information is attached
- I give permission for photographs of my child to be taken and displayed as appropriate.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent Name (printed)

Payment Method:  Mastercard  Visa  Cash  Direct Deposit  QuickWeb  Cheque

BSB: 032777 A/C: 001455

### CREDIT CARD AUTHORITY

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: \$ \_\_\_\_\_