



## Excursion Permission Note

<b>Where</b>	Birrigai, 142 Tidbinbilla Tharwa																						
<b>Purpose</b>	Year 7 Camp																						
<b>Date</b>	13 <sup>th</sup> to 15 <sup>th</sup> March, 2019	<b>Time</b>	Depart: 9:15am on Wednesday 13 <sup>th</sup> March Return: UCHSK at 2:30pm 15 <sup>th</sup> March																				
<b>Cost</b>	<p>Approximate cost per student will be <b>\$295</b>. The cost includes transport, accommodation, food, staffing, all practical activities and equipment.  <b>To ensure your child has the opportunity to attend the year 7 camp, we ask that you please provide a deposit of \$50 to the front office by Friday 30<sup>th</sup> November (week 7), 2018.</b>            Final payment is due by Friday 1<sup>st</sup> March, 2019 however, earlier payment and receipt of notes is appreciated.</p> <table border="1"> <thead> <tr> <th>Payment plan</th> <th>Week</th> <th>Date</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Term 4, 2018</td> <td>Week 7</td> <td>Friday 30<sup>th</sup> November, 2018</td> <td>\$50 Initial Deposit / Secure Position (non-refundable)</td> </tr> <tr> <td>Term 1, 2019</td> <td>Week 2</td> <td>Friday, 15<sup>th</sup> February, 2019</td> <td>\$100</td> </tr> <tr> <td>Term 1, 2019</td> <td>Week 4</td> <td>Friday, 1<sup>st</sup> March, 2019</td> <td>\$145 (approx. TBA)</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td colspan="2"><b>\$295 approx. Final Cost to be advised at commencement of the 2019 school year.</b></td> </tr> </tbody> </table>			Payment plan	Week	Date	Amount	Term 4, 2018	Week 7	Friday 30 <sup>th</sup> November, 2018	\$50 Initial Deposit / Secure Position (non-refundable)	Term 1, 2019	Week 2	Friday, 15 <sup>th</sup> February, 2019	\$100	Term 1, 2019	Week 4	Friday, 1 <sup>st</sup> March, 2019	\$145 (approx. TBA)	<b>Total</b>		<b>\$295 approx. Final Cost to be advised at commencement of the 2019 school year.</b>	
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<b>Total</b>		<b>\$295 approx. Final Cost to be advised at commencement of the 2019 school year.</b>																					
<b>Transport</b>	Chartered bus – QCity Transport																						
<b>Meeting time</b>	Students are to meet in the gym at 8:45am on Wednesday 13 <sup>th</sup> March and will return to school at approximately 2:30pm on Friday 15 <sup>th</sup> March.																						

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.

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: The payment of this financial contribution is voluntary. 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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Stuart Gilding  
Co-ordinating teacher

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Lana Read  
Principal

# Year 7 Camp Excursion Permission Note

I give permission for my child \_\_\_\_\_ to attend the Year 7 Camp at Birrigai from Wednesday 13<sup>th</sup> to Friday 15<sup>th</sup> of March 2019.

- I understand that a \$50 deposit and permission forms are due by Friday 30th November, 2018. *Quickweb is not available as a payment option for the deposit.*
- I understand that final payment is due by **Friday 1<sup>st</sup> March 2019**, unless I have a repayment agreement with the Principal made prior to this date.
- I have completed and returned all the medical history documentation including allergy and asthma management plans if necessary.
- I give permission for photographs of my child to be taken and displayed as appropriate.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (printed) \_\_\_\_\_

## DIETARY REQUIREMENTS

Amount Enclosed \$ \_\_\_\_\_ Parent/Carers Name \_\_\_\_\_

Payment Method:  Mastercard  Visa  Cash  Direct Deposit

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

Direct Deposit to: UC High School Management Account

BSB: 032 777

A/C: 001 455

Please include student name, school year & payment detail (Birrigai)

Receipt No: .....

**Payment Instalment of \$100 due Friday 15th February, 2019**

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

Year 7 Camp at Birrigai, Wednesday 13th to Friday 15th of March 2019.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

PLEASE TICK PAYMENT TYPE

Mastercard  Visa  Cash  Direct Deposit  QuickWeb

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

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>

Direct Deposit to: UC High School Management Account

BSB: 032 777

A/C: 001 455

Please include student name, school year & payment detail (Birrigai) Receipt No: .....

**Final Payment of \$145 due Friday 1<sup>st</sup> March, 2019**

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

Year 7 Camp at Birrigai, Wednesday 13th to Friday 15th of March 2019.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

PLEASE TICK PAYMENT TYPE

Mastercard  Visa  Cash  Direct Deposit  QuickWeb

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

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Direct Deposit to: UC High School Management Account

BSB: 032 777

A/C: 001 455

Please include student name, school year & payment detail (Birrigai) Receipt No: .....



Postal address: RMB 142 Tidbinbilla Road  
Tharwa ACT 2620  
Phone: 02 6205 6748  
Email: birrigai@ed.act.edu.au  
Web: www.tidbinbilla.act.gov.au/birrigai

## RECOMMENDED PACKING LIST (FOR A 3-DAY STAY)

- sets of underwear
- 3 pairs of socks
- 3 shirts with sleeves (2 short sleeved, 1 long sleeved) no singlet tops
- 1 woollen or polar fleece jumper (2 in winter)
- 2 pairs of shorts (summer)
- 2 pairs of trousers/track pants
- 2 pairs of closed in shoes (runners or boots)
- Pyjamas
- Towel
- Hand Towel (there are no paper hand towels supplied in accommodation bathrooms)
- Toiletries
- 1 broad brimmed hat
- Sunscreen
- Sleeping Bag or 2 sheets
- 1 pillow

### BIRRIGAI WILL PROVIDE:

- Blankets (1 in summer / 2 in winter)
- Japara style raincoats as needed
- Water bottle for visitors to keep

### DO NOT BRING:

- Any food including lollies, soft drink or nuts or products containing nuts. ***Birrigai will provide all the food the students will require while on camp including special dietary requirements (vegetarian, halal, gluten free, dairy free, peanut allergy, diabetic etc)***
- iPods or other portable music players
- Expensive Cameras (bring a disposable camera)
- Torches (unless specified)

***Birrigai means 'laughter' in the language of the Ngunnawal peoples***

Dear Parent/Carer

**MEDICAL INFORMATION/CONSENT AND KNOWN MEDICAL CONDITION RESPONSE PLAN**

I am attaching a *Medical Information and Consent Form* and a *Known Medical Condition Response Plan* for you to complete and return as soon as possible. This information will assist school staff to provide appropriate first aid support for your child.

The *Medical Information and Consent Form* provides general medical information and consent for first aid and the administration of authorised medications; salbutamol (ventolin) and adrenaline in the event of a life threatening asthma or anaphylaxis emergency.

The *Known Medical Condition Response Plan* is required only for students with a known medical condition. It provides instruction for the management of an identified medical condition and should be completed in consultation with the treating health professional. Without this form, in an emergency situation first aid can only be given in accordance with a publically available generalised action plan related to the condition.

If medication is required to be administered at school a *Medication Authorisation and Administration Record* must also be completed and returned to the school. An individual *Medication Authorisation and Administration Record* must be completed for each medication.

It is important that information on these forms is accurate and detailed in order to help us provide appropriate care. The *Medical Information and Consent Form* and *Known Medical Condition Response Plan* will be sent to you annually for your review. However, if there are changes to your child's health or medical circumstances, during the year, please inform the school immediately. You may also choose to keep certain medical information private. When making this choice, please consider whether this might affect the provision of appropriate first aid care for your child.

If an incident occurs at school or during a school-related activity in the ACT, students will be transported free of charge to the emergency section of an ACT public hospital. Parents/carers are reminded to check their health cover for ambulance transportation outside the ACT, as charges may apply.

Please complete and promptly return the attached forms to assist staff to provide appropriate first aid support for your child.

Yours sincerely

Lana Read  
Principal  
UC High School Kaleen  
30<sup>th</sup> October 2018

**All students must return:**

- Medical Information and Consent Form

**Students with a known medical condition which does not require medication must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan

**Students with a known medical condition not listed below who require medication must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Medication Authorisation and Administration Record

**Students with Asthma must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Asthma Management Plan downloaded from <http://www.nationalasthma.org.au/health-professionals/asthma-action-plans>
- Medication Authorisation and Administration Record

**Students with Anaphylaxis must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Anaphylaxis Management Plan downloaded from <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>
- Medication Authorisation and Administration Record

**Students with Diabetes must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Diabetes Management Plan downloaded from <https://www.diabetesvic.org.au/Home> (click on “How we help” and “Schools and early childhood settings”)
- Medication Authorisation and Administration Record

**Students with Epilepsy must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Epilepsy Management Plan downloaded from <https://www.epilepsy.org.au/node/3485> (Register and call 1300374537 for free access)
- Medication Authorisation and Administration Record

# 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"/>
School			School Year		
Parent/Carer Name			Address		
Telephone Contact	Mobil e		Home		Business
Emergency Contact 1				Telephone	
Emergency Contact 2				Telephone	
Name of Qualified Health Professional				Telephone	

Section B – Medical Information	
<b>Please tick if your child suffers any of the following:</b>	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Headaches
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Reaction to Drugs
<input type="checkbox"/> Fits or blackouts	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Sun Screen Sensitivity	
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
<input type="checkbox"/> Other (please specify)	
<b>Please identify whether your child is presently taking any medication:</b>	
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> and the <i>Known Medical Condition Response Plan</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	
<p>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:</p> <p>a. the provision of first aid;</p> <p>b. the provision of analgesics;</p> <p>c. treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant).</p> <p>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.</p> <p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p> <p>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.</p>	
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 <i>Information Privacy Act 2014</i> and the <i>Health Records (Privacy and Access) Act 1997</i> .	

Office Use Only			
Student Central ID		Entered into MAZE	<input type="checkbox"/> Date





## **Authority to use photographs (including video) of children for the promotion of public education & Birrigai.**

Dear Parents and Carers

The Education Directorate & Birrigai seeks to use photographic (including video) images of students to promote public education. The photographs are used for Directorate and school promotional purposes including corporate publications such as the Annual Reports. This may include illustrations for printed materials as well as the Education Directorate and Birrigai websites.

Photographs of students may also be taken by the media to illustrate a newspaper or television story about public education. The Directorate at times also provides copies of photographs of students to the media for this purpose. The media is only ever invited into a school when they have sought and gained Directorate approval.

The media includes local and national television and radio stations, newspapers, and other publications.

At times the names of children may be included in school newsletters and websites and media where it relates to an article or story that acknowledges their student work and success. Students are normally only identified by their first name except where they are named as part of a media story.

If you fill in this form, your personal information and that of your child will be collected and handled by the Directorate and/or School. This information is necessary for us when we publish photographs, video recordings and newsletter items relating to your child. This may include publishing on websites. You are not required to grant permission, this is a matter entirely at your discretion, however, by granting permission you will greatly assist us to promote the educational opportunities and the achievements of our schools and their students.

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. However, you need to be aware that images and information published on the school website can be copied and used by other web users and therefore the school has no control over its subsequent use and disclosure.

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.education.act.gov.au](http://www.education.act.gov.au)) on the About Us page.




Please provide the necessary information below to advise if you do, or do not, give your permission.

**Permission**

Child's full name: \_\_\_\_\_ (Please print)

Name of school: \_\_\_\_\_

Full Name of parent or carer: \_\_\_\_\_

Please tick 

**Photographs:**

Yes, I agree to photographs and video recordings being taken and used by the school and Directorate.

No, I do not agree.

Yes, I agree to photographs and video recordings being taken and used by the media.

No, I do not agree.

**Newsletters and websites:**

Yes, I agree that my child's name may be included in school newsletters and websites and media where it relates to an article or story that acknowledges their student work and success.

No, I do not agree.

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

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**Office Use**

Student central ID:

Entered into MAZE

#### ASBESTOS CONTAINING MATERIAL (ACM) INFORMATION

During the major bushfires of 2003 Birrigai suffered destructive fire damage to several buildings. Some of these buildings were constructed from building materials containing bonded asbestos, similar to that found in bathroom walls, vinyl floor tiles and roof eaves in many of Canberra's homes. The destroyed buildings were cleaned up after the fires. However over time, some small fragments of building rubble including some bonded asbestos have surfaced, most likely caused by erosion through rain, wind and drought.

Originally, an environmental ground survey of the campus footprint, conducted by a qualified asbestos assessor, found a small amount of bonded asbestos containing material (ACM) in six locations. Three more inspections have been undertaken since and any material looking like fragments of ACM has been removed. To date, only small fragments of bonded asbestos have been found and these have been removed from the site.

ACM in bonded form poses a low risk to health if it is in good condition and is left undisturbed.

The management plan also requires areas to be capped with soil and revegetated, and this work is now complete. Newly capped areas remain fenced until the revegetation takes hold. All areas will continue to be inspected quarterly for the first year and annually thereafter.

The Government has dealt with the asbestos issue at Birrigai, but as part of its duty of care provisions, described in the ACT Workplace Health and Safety legislation, requires a land or building owner to make visitors aware of known hazards and the methods by which any known hazards are controlled. If schools, parents and carers or visitors would like more information on asbestos, information is available from the WorkSafe ACT website <http://www.asbestos.act.gov.au/>

I hope that you find this information useful. Please advise if you require any additional information. You are also welcome have a site visit; please ring the school to make a time on 6205 2006.

Kind regards,



**Peter Clayden**  
Principal, Birrigai  
02 6205 2006  
[birrigai@ed.act.edu.au](mailto:birrigai@ed.act.edu.au)  
[act.gov.au/birrigai](http://act.gov.au/birrigai)