The following excursion(s) is/are being organised at the college. Please complete and sign the attached consent form to indicate that your son/daughter has your permission to join the excursion.

Department: International Studies Academy  
Teacher organising: Geoff Taylor

Other teachers attending: Garry Hosking, Canberra College

Purpose: Introduction to Psychology, observation techniques of animal behaviour.

<table>
<thead>
<tr>
<th>Venues</th>
<th>Date</th>
<th>Departure Time</th>
<th>Return Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erindale College</td>
<td>5/3/15</td>
<td>6:00am</td>
<td>7:30pm</td>
</tr>
<tr>
<td>Canberra College</td>
<td>5/3/15</td>
<td>6:15am</td>
<td>7:15pm</td>
</tr>
<tr>
<td>Taronga Park Zoo</td>
<td>5/3/15</td>
<td>10:30am</td>
<td>3:00pm</td>
</tr>
</tbody>
</table>

*NB: These are approximate times only and may vary based on traffic congestion*

Special clothing/equipment:

The ACT Department of Education and Training asks all schools and colleges to advise parents as follows:

- **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 which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn students of the risks to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.**

Signed: [Signature]

(Teacher / organiser)

Date: [Date]

Academy leader: [Signature] (for the Principal)

International Studies Academy

Emergency contact number during excursion: Geoff Taylor 0428023869
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 category B, C & D excursion, overseas excursion, sports and all outdoor adventure activities. A copy of each student’s form must be taken 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 (Cth). Parents note that in the absence of a specific Plan standard First Aid will be administered.

Student’s Surname/Family name: ___________________ Given/preferred name: ___________________

Date of Birth: ___/___/_____ Sex: ☐ M ☐ F

School: ___________________ School Year: ______ Camp/Excursion: ________________

Parent/Carer: ________________________________________________________________

Address: _________________________________________________________________

Contact Telephone Nos - 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 are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

☐ Anaphylaxis * ☐ Allergies ☐ Fits or Blackouts ☐ Nose bleeds
☐ Asthma * ☐ Blood pressure ☐ Hay fever ☐ Reaction to drugs
☐ Diabetes * ☐ Eczema ☐ Headaches ☐ Sight/hearing problems
☐ Epilepsy * ☐ Fainting ☐ Heart condition ☐ Sun screen sensitivity

☐ Other

Describe what happens for any of the conditions ticked above

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child’s doctor) in addition to standard first aid treatment?

☐ Yes ☐ No

If Yes, a General First Aid Plan is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.
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:

NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.
Parents must give written permission and directions for the administration of any medication taken during the excursion.

The teacher in charge must be informed about the management of any medication prior to 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 □

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

Is there any other information which you believe may help us to provide the best possible care?

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: ........................................ Date: __ / __ / ___
(Parent/Carer)

Signed: ........................................ Date: __ / __ / ___
(Parent/Carer)

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 whilst on the excursion.

Schools will always call an ambulance if your child’s medical condition requires emergency medical assistance.
Code of Conduct

For students over the age of 18 years:

- I understand that school rules as they relate to the context of this excursion apply.
- I will take note of where I have to be and what is expected of me at all times.
- I will never go off alone.
- I will at all times be with at least two other students from the excursion.
- I will be punctual and reliable.
- I will not go off with strangers or invite them to participate in group activities.
- I will respect the people and places we will visit.
- I will respect the rights of animals.
- I will cooperate with the requests of the supervising teachers.
- I will be a considerate member of the group.
- I will act courteously in dealings with others, including host families and agency staff.
- I will be responsible for my own things, such as baggage, and, when in charge of them, passport, tickets, money.
- I will keep rendezvous (meeting times and places) as arranged throughout the excursion.
- I will act in a responsible and positive way as an ambassador of my school, my excursion group and my country.
- I have signed and will abide by the home stay conditions.

Drugs and Alcohol
The possession, purchase or use of drugs or alcohol is forbidden. Any participant violating this code will be sent home at their own expense.

Other violations

- Being absent from the group or leaving without permission.
- Driving any vehicle.
- Hitchhiking.
- Breaking or damaging property.
- Smoking or disobedience to the teacher.

Parents will be made aware of all conduct violations during the excursion.

We, the parents and the student, have read the code of conduct and understand the consequences.

Student’s signature: ..........................................................
Date: ..............................................................................
Parent’s signature: ..........................................................
Date: ..............................................................................