



Chapman Primary School



Perry Drive Chapman ACT 2611
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02 61422400
ABN: 48 529 566 431

“Achieving Excellence Together”

5 April 2022

Dear Parents/Carers,

YURBAY WALK UP COOLEMAN RIDGE

The following details relate to an educational excursion, Yurbay Walk up Coleman Ridge which is being organised for students in year 3.

| | |
|--------------------------------------|--|
| Purpose: | As part of the Humanities and Social Sciences unit of work, year 3 students have been learning about key concepts including significance, continuity, change, place and space. To gain a better understanding of Canberra’s Indigenous culture, Adam Shipp from Yurbay will guide students on a walk around Coleman Ridge, sharing his knowledge and passion for his culture, including plant identification and uses of tradition Aboriginal plants. |
| Day/Date: | Monday 9 May 2022 |
| Timetable: | Departing Chapman Primary School at 11.30 am Returning to Chapman Primary School by 1.30 pm |
| Venue: | Coleman Ridge |
| Transport: | Walking |
| Cost: | \$8.00 |
| Payment and Permission due by | Wednesday 4 May 2022 |

The school has made every effort to keep cost for this excursion to a minimal level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

| | | |
|---------------------------|--|-----------------------------|
| Group size | 77 | Ratio: 1 adult: 10 students |
| Teacher in charge: | Bec Carney | |
| Accompanying Staff | Vanessa Ackland, Bec Carney, Fiona Duncan, Rebecca van der Stap, Sue Patterson plus two adults to be confirmed | |
| Meals | Students will be given the opportunity to eat recess and lunch at school before leaving and after returning to the school. | |
| What to bring | Water bottle, Sunsmart hat, weather appropriate clothing | |
| What to wear | School uniform – clothing appropriate for the weather conditions on the day. We recommend multiple layers to enable children to remove or add clothing as conditions change during the walk. | |

| | |
|--|---|
| Excursion Risk Assessment: Available from the front office | |
| Emergency Contact for this excursion: Chapman Primary School 02 6142 2400 | |
| Contingency: | In the event that this excursion cannot take place at the scheduled day and time, it will be rescheduled for an alternate date. |
| Behavioural Expectations: | Students are expected to demonstrate Chapman FRIENDS values and the PBL expectations of being safe, responsible and respectful. |

Staff accompanying students on excursions will take all reasonable care while the 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 children of the risk to themselves, to others and to property, of impulsive, wilful, or disobedient behaviour.

If you are happy for your child to attend, please return:

- Completed Permission form and payment to your child's classroom teacher no later than:
10.00am on Wednesday 4 May 2022
- Completed Medical Information and Consent Form

Kind regards

Vanessa Ackland, Bec Carney, Fiona Duncan and Rebecca van der Stap
Year 3 Teaching Team.

Dear Parents/Carers

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 publicly 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

James Barnett
Principal
Chapman Primary School
2021

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 [National Asthma Organisation Website](#)
- 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 [Australian Society of Clinical Immunology and Allergy Website](#)
- 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 [Diabetes Victoria Website](#) (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 [Epilepsy Action Australia Website](#) (Register and call 1300374537 for free access)
- Medication Authorisation and Administration Record

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 | Mobile | | Home | | Business | |
| Emergency Contact 1 | | | | Telephone | | |
| Emergency Contact 2 | | | | Telephone | | |
| Name of Qualified Health Professional | | | | Telephone | | |

| Section B – Medical Information | | | | |
|--|---|--|--|--|
| Please tick if your child suffers any of the following: | | | | |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Epilepsy* | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Nose Bleeds |
| <input type="checkbox"/> Anaphylaxis* | <input type="checkbox"/> Diabetes* | <input type="checkbox"/> Fainting | <input type="checkbox"/> Headaches | <input type="checkbox"/> Reaction to Drugs |
| <input type="checkbox"/> Asthma* | <input type="checkbox"/> Eczema | <input type="checkbox"/> Fits or blackouts | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sight/Hearing Problems |
| *Please complete and attach a <i>Known Medical Condition Response Plan</i> | | | | <input type="checkbox"/> Sunscreen Sensitivity |
| <input checked="" type="checkbox"/> Other (please specify) | | | | |
| Please identify whether your child is presently taking any medication: | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, the parent/career 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"> 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). For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>. | | | | |
| 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> <ol style="list-style-type: none"> the provision of first aid; the provision of analgesics; treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant). <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. 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

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



Chapman Primary School Excursion Permission Form YURBAY WALK UP COOLEMAN RIDGE

This signed consent form and payment should be returned to your child's classroom teacher no later than 10:00am on Wednesday 4 May 2022.

I give permission for my child _____ in class _____ to attend the year 3 excursion, Yrubay Walk on Monday 9 May 2022 walking to and from Cooleman Ridge.

I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion. I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

I have completed and returned the attached the ACT Education Medical Information Consent Form with this permission.

Yes No

The General Medical Information and Consent Form must be completed annually. This will be taken on all future class excursions.

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?

Yes No

(If yes, please complete a Medication Authorisation and Administration Record if the school does not already have up-to-date information about this).

All medications held at the school will be transported to this excursion.

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes No

(If yes, please provide these details below.)

Please provide the following information:

| | | | | | |
|---|--|----------------------|--|----------------|--|
| Medicare No: | | Private Health Fund: | | Membership No: | |
| Ambulance fund: Parents are responsible for ambulance costs outside the ACT | | | | | |

Payment Code: YR3YURBAYWALK

Excursion Payment Details

- Enclosed is cash to the value of **\$8.00** to cover the cost of the excursion.
- Quickweb payment of **\$8.00** made on (date) _____ receipt number _____
<https://www.chapmanps.act.edu.au/payment>

Please ensure that this permission form is returned to your child's teacher

Name of Parent/Carer (please print): _____

Signature: _____ **Date:** _____

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 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.