

Excursion Information for Year 2 Australian National Botanical Gardens Wednesday 1 November 2017

Dear Families

The following details relate to an educational excursion to the Australian National Botanical Gardens to undertake the Indigenous Plant Walk. The purpose of this excursion is to continue to build the children's knowledge of the plants grown and cared for by the Indigenous people of this region. This learning links with the work students have been doing around caring for our significant places at LECS.

Excursion Date: Wednesday 1 November 2017

Departure Time from LECS: 9.30am

Return to LECS: 1.30pm

Cost of Excursion (including bus hire): \$17.50

Cash payment can be made to LECS Front Office or via direct deposit to the LECS account:
BSB: 032777 Account number: 001551. Payment should be made by Monday 30 October 2017.

Teachers Attending: Aimee Hunter and Libby Mackie

To Pack: Fruit and/or vegetable to Munch & Crunch, a packed lunch and a sealed water bottle. Please ensure your child wears appropriate clothing and footwear. **This is an all-weather excursion. It will proceed except in the event of thunder or lightning. Please consult the forecast on the day and dress appropriately.*

Please complete the attached Permission Form and Medical Information and Consent Form and return to school by **Monday 30 October 2017.**

Families and students attending are reminded that appropriate, safe behaviour is expected. Occurrences of dangerous behaviour will require students to be promptly returned to school. This is done at the discretion of attending teachers. All attending teachers will have reliable telephone communication with the school should any issues arise. Parents and carers will be able to contact attending teachers if needed through Front Office staff at LECS. Staff members 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 activities and behaviour.

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, as a result of impulsive, wilful or disobedient behaviour.

If you have any questions about this excursion please ask Aimee or Libby.

Kind regards
Aimee Hunter
Executive Teacher

**Permission Form for Nunkeri
Australian National Botanical Gardens
Wednesday 1 November 2017**

I give permission for my child _____
to attend an excursion to Australian National Botanical Gardens on 1 November 2017.

I understand the children will be travelling by bus to the Australian National Botanical Gardens. Children will be accompanied by teachers from Lyons Early Childhood School.

I give permission for the teacher in charge to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and agree to meet the costs associated with any emergency arrangement made by the teacher in charge. Free ambulance transportation only applies in the ACT.

I have read the attached information regarding this excursion and understand what it contains.

- \$17.50 has been paid by direct deposit
- \$17.50 has been paid to LECS Front Office
- \$17.50 has yet to be paid
- I have completed the attached Excursion Medical Information and Consent Form (As outlined in the Excursion Policy, this form is required to be completed for each excursion)

Please return this Permission Form and the attached Medical Information and Consent Form by Monday 30 October 2017.

Full name of parent (please print): _____

Signature of parent: _____ Date: ____/____/____

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education and Training.

Letter to Parents
Excursion Medical Information and Consent Form

(Please note that Directorate policy states that this form must be completed for each excursion)

Dear Parents

I am attaching an Excursion Medical Information and Consent Form and request that you complete and return it to the school as soon as possible.

The information you are requested to give on the attached form will be used to record the student's medical, accident and other details. The contents and use of this form meet the requirements of the *Privacy Act 1998 (Cwth)* and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

To ensure that the information on this form is accurate and current, you are requested to advise the school immediately of any changes that should also be reflected on the General Medical Information and Consent Form kept at the school and arrange to update the form.

Management of Medical Conditions

The Department is committed to providing a safe and healthy environment for students. While school staff members have a duty of care to students to provide First Aid assistance when required, parents will be aware that schools cannot be responsible for the general management of medical conditions.

In special circumstances, staff may be able to assist with the administration of medication. In these cases, departmental policies require principals to ensure that a comprehensive written authority is obtained from the student's parents and also seek from them a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

First Aid Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy

You are asked to indicate on the attached Excursion Medical Information and Consent Form if the student suffers from any of these conditions. For students who are known sufferers of asthma, anaphylaxis, diabetes, or epilepsy, Emergency Treatment Plans must be completed, signed by both parents/carers and the student's doctor and provided to the school. Proformas of these plans are available at the school's front office. In the absence of a written and signed Emergency Treatment Plan, only standard First Aid can be given in an emergency.

Emergency Treatment of an Asthma Attack

Please read this section carefully and seek clarification from your family doctor if necessary.

These plans will be followed where students require First Aid treatment for their condition. If the student should suddenly collapse at school and/or have difficulty in breathing, as with all medical emergencies, professional help will be sought immediately.

Where indicated, a bronchodilator inhaler device ("puffer") will be administered while awaiting medical assistance, whether or not the student is known to have a pre-existing asthma or other health problems. This treatment could be life- saving and ACT Health

(Department of Thoracic Medicine, The Canberra Hospital) advises that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for asthma.

Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device

If your child suffers from anaphylaxis, you should obtain a written Anaphylaxis Treatment Plan signed by your doctor and yourself as parent or carer. In the absence of a written and signed Anaphylaxis Treatment Plan, only standard First Aid can be given in an emergency and staff will be unable to administer adrenaline. If your child is given adrenaline to treat an isolated anaphylaxis attack, it can help the anaphylaxis and is unlikely to cause any significant side effects.

Medical Services for Students Attending ACT Government Schools

ACT Health advises that the following arrangements apply to students in ACT Government schools involved in school accidents requiring ambulance transportation and/or treatment in accident and emergency sections of either public hospital in the ACT.

Ambulance Transportation

Students injured while under supervision at school or in a school-related situation are transported free of charge to the emergency section of either public hospital in the ACT.

Parents and guardians of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT. Free ambulance cover does not apply to students in the Jervis Bay area of the ACT.

Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

Casualty Treatment

1. Under the Medicare arrangements, no charges are raised for services provided at the Accident and Emergency sections of ACT public hospitals.
2. If a student is subsequently admitted to hospital after receiving treatment in the Accident or Emergency section, s/he will be automatically classified as a Medicare patient and no charge will be raised.
3. If you elect to have the student treated by a doctor of your choice, a hospital charge will apply. The doctor may also charge for their services. You are advised to have medical insurance if you wish to choose this option.

Your cooperation in completing and returning the attached form promptly would be appreciated.

Yours faithfully

Mary Hutchinson
Principal

Date: / /

Excursion Medical Information and Consent Form

Please note that Directorate policy states that this form must be completed for each excursion

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 1998(Cwth). 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: _____ 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 No: _____

Ambulance Fund: **Note:** Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Reaction to drugs |
| <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Eczema | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy * | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sun screen sensitivity |
| <input type="checkbox"/> 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 to complete. 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 ever 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.

Is the student presently taking any medication? Yes No

If YES, please state name of medication and dosage: _____

NB. This information should be reflected on the General Medical Information and Consent Form kept at the school. Please inform LECS Front Office staff of any changes so General Medical Information and Consent Forms can be updated.

Parents must give written permission and directions for the administration of any medication taken during the excursion.

Arrangements for the transport, storage and administration of medication need to be made with the teacher in charge prior to leaving on the excursion. 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? Provide details.

Is there any other information you believe may help us 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 consent to the school providing first aid or medical treatment as outlined in a specific First Aid Plan. I further 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. I also undertake to pay any costs which may be incurred for medical treatment, ambulance transport and/or medications.

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 an excursion.