



Canberra High School
— ESTABLISHED 1938 —

Dear Parents and Carers,

Please complete the attached permission note and medical form.

The following details relate to an ongoing local area educational excursion to Aranda Oval and surrounds (red box and blue line on accompanying map) which is being organised for all students at Canberra High School. This is primarily, but not exclusively, an activity undertaken by the SHAPE faculty to access appropriate sporting facilities.

Canberra High School requires medical forms to be completed at the start of each year before a student can undertake any excursions. Should any medical information change for your child throughout the year, you are asked to complete a new and updated form as soon as is possible.

Dates/time: As needed to access suitable facilities.

Clothing and Equipment: Full school / SHAPE uniform must be worn.

Excursion Risk Assessment: Available at the front office

Transport: students will walk from the school to the Oval, accompanied by staff members. There are two road crossings to navigate on this walk, and staff members are positioned at these crossing to provide supervision. Student cross at the traffic lights pedestrian crossing, following teacher direction and the appropriate traffic signal. This location is indicated by the yellow arrow on accompanying map.

Group Size: varied

Trip Leader: various members of staff

Behavioural expectations- Students are expected to follow the CARES values of Canberra High School. Repeated noncompliance impacting safety may result in the student being offered alternative on-campus learning opportunities.

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.

Permission notes will be requested for all excursion outside this area. Separate medical forms are required when traveling outside of the ACT.

Kind Regards,

Janine Waters
Principal

Phone 02 6142 0800 • **Fax** 02 6142 0806
Ngunnawal Country

Address Bindubi Street Macquarie ACT 2614

Email info@canberrahs.act.edu.au • **Web** www.canberrahs.act.edu.au

ABN 16 237 342 597

I give permission for my child _____ (full name) in

Year level _____ to attend local excursions for 2025.

Parent/Carer Name _____

Parent/Carer Signature _____

Date _____



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"/> Non-binary <input type="checkbox"/> I/They use different term (please specify) <input type="checkbox"/> Prefer not to say <input type="checkbox"/>					
School			School Year			
Parent/Carer Name			Address			
Telephone Contact	Mobile			Home		
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"/> Sun Screen Sensitivity		
<input 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/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"> 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						
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: <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). 						
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.						
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.						
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 SAS	<input type="checkbox"/>	Date	