



9th May 2017

Dear Families,

On the 29th to the 30th May Aboriginal Students from the Huntingfield Campus are invited to attend an Aboriginal Student Camp on Bruny Island. The main purpose of the overnight camp is to complete a large mural that will be displayed on the exterior of Learning Centre 1. This will complete a project to have all three learning centers display a piece of art. We will also have the opportunity to Walk on Country and participate in cultural activities.

We will be departing the College grounds at 9.00am on Monday the 29th of May and staying overnight at the shearers quarters at Murrayfield through to the 30th May. Students may bring water-proof tents, and all other required equipment if they would like to camp out on the grass near the bunkhouse. (They will need to negotiate this with me prior to the camp).

Student will need to bring sleeping bags, pillows, a change of clothing and personal toiletries. Student will need to wear casual clothes and comfortable shoes for walking, a warm / waterproof coat and hat.

Students will need to bring lunch for the first day, and a bottle of water. I will provide dinner on the 29th and breakfast and lunch on the 30th May. Can you please let me know if your child has any dietary issues.

Please read and fill in the attached permission forms and return by the Monday 15th of May so we can confirm numbers and arrange staffing.

Kind regards,

Natasha Harris
Aboriginal Student Support Teacher
natasha.harris@catholic.tas.edu.au
Phone: 6229 0124

Details

School	St Aloysius Catholic College		
Excursion	Murrayfield, Bruny Island		
Date from	29 th May 2017	Date to	30 th May 2017

Permission

I, _____ parent / guardian of _____
 (name of parent or guardian) (strike-out inapplicable) (name of student)

give my:

1. Permission for my child named above to attend the excursion described above, which I understand has been approved by the Co Principals,
2. Consent for my child to travel on or in any form of public or private transport where such transport is deemed by the College to be necessary or desirable for the safe conduct of the excursion,
3. Consent for my child to participate in all activities, outings, trips and functions arranged as part of this excursion,
4. Consent for the College, by its servants or agents:
 - to seek such medical or dental advice on behalf of my child as seen fit in the event of accident or illness, and
 - if, in the opinion of an attending medical or dental practitioner or medical officer ('*health practitioner*') my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that *health practitioner* giving such attention or treatment

provided that reasonable efforts are made to inform me of any serious injury or illness,
5. Certification that the consent which I have given in paragraph 4 is valid at all times while my child is in the custody of the College while attending or participating in the excursion,
6. Certification that I understand that the College will take reasonable care (a supervisor with first aid qualifications will be in attendance) in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be directly responsible for any act or omission of any *health practitioner* attending or treating my child, and
7. Certification that if my child should bring or consume drugs, alcohol or cigarettes or otherwise exhibit behaviour that seriously endangers themselves or others, I will bear the full cost of return transport home for my child and any adult supervisor that may be required to ensure the safety of my child during that transport.

Signature/s

Date

(Parent / Guardian)

Hhnd

Student's date of birth _____

Medicare no. _____ Position on card _____

Private health fund _____ Membership no. _____

Medical Information

Is your child in good health? Yes No

Does your child suffer any chronic illness? Yes No

Details _____

Does your child suffer any disability? Yes No

Details _____

Does your child suffer any allergy? Yes No

Details _____

Has your child suffered any acute illness in the past four months? Yes No

Details _____

Has your child been treated by a doctor in the past four weeks? Yes No

(If 'Yes' please attach a medical certificate outlining treatment and statement of your child's fitness to attend this excursion)

Has your child had any major surgery? Yes No

Details _____

Does your child need to take any form of medication on the trip? Yes No

Medication	Dosage	Frequency	Medical purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This medication is to be kept on the excursion by: my child (secondary student) nominated staff member (primary student)

Do you give permission for Panadol to be administered if needed? Yes No

Has your child had a Diphtheria Tetanus Toxoid booster injection? Yes No

Year of booster injection _____

Does your child have any special dietary requirements?

Yes No

Details

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.....

Emergency

Contact details in case of accident or illness:

Name

.....

Relationship to student

.....

Phone (home)

.....

Phone (work)

.....

Phone (mobile)

.....

Name

.....

Relationship to student

.....

Phone (home)

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Phone (work)

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Phone (mobile)

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Privacy

I understand that the information I provide on this form will be handled in accordance with the *Privacy Act 1998*.

Signature/s

(Parent / Guardian)

Date

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