



📄 Online Form - **STAGE 3 CANBERRA CAMP**

<b>Activity Name:</b>	STAGE 3 CANBERRA CAMP
<b>Date/Time:</b>	Monday 17 June 2024 8:00am - Wednesday 19 June 2024 6:00pm
<b>Description:</b>	<p>Our Stage 3 Canberra excursion is coming up in June. As there are a large number of students attending, visits to the venues will be split into 2-3 groups, depending on the venue, and group visits will be scheduled at different times.</p> <p>Venues to be visited by all groups include:</p> <ul style="list-style-type: none"> <li>The National Gallery</li> <li>Australian War Memorial</li> <li>Reconciliation Place</li> <li>National Capital Exhibition</li> <li>National Election Education Centre</li> <li>The Lodge &amp; Embassies Driving Tour Parliament House</li> <li>Old Parliament House</li> <li>Government House</li> <li>National Museum of Australia</li> <li>Questacon</li> <li>Royal Australian Mint</li> </ul> <p>Accommodation is at Canberra Park in dormitory style accommodation. Ms Skinner, Ms Adams, Miss Simpson &amp; Mrs Walker are the teachers attending this excursion. They will be accompanied by Mrs Fay, our School Learning Support Officer.</p> <p>We are applying to the Australian Government, under its Parliament and Civics Education Rebate Program, to subsidise the cost of this excursion.</p> <p>We are still awaiting final costing on this excursion from the organising tour company, but anticipate it will be approximately \$430. We will advise you of the exact amount as soon as it is made available to us. However, Canberra Park require a \$50 NON-REFUNDABLE DEPOSIT to be paid to them no later than Tuesday, 2 April. Therefore, the school requires a deposit of \$50 per student to be paid by THURSDAY, 28 MARCH. Online payment via School Bytes is our preferred method of payment, however cash and EFTPOS are both accepted at the School Office.</p>

Full payment, when the amount is known, must be received by Friday, 3 May (Term 2, Week 1) to enable us to submit final numbers and prepay the accommodation, coach hire and entry into the various venues.

(Any changes in numbers (cancellations) submitted to the accommodation provider after 3 May incur a 100% charge on the accommodation fee.)

If your child has any specific medical problems or suffers with travel sickness, please notify Ms Skinner.

Individual Emergency Information Forms, Medical Information Forms & Ambulance Cover forms will be sent home with students. The Emergency Information form needs to be checked and amended if necessary. All forms need to be completed and returned to school no later than Friday, 3 May 2024.

NSW Department of Education Consent Statement:

I acknowledge that this activity is required to be held in accordance with the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event.

- I confirm that my child will not attend if displaying any symptoms of illness.
- No student or staff member identified as a close contact of a person with COVID-19 will be permitted to attend.
- If my child should become ill, I am aware I may be called upon to collect my child from the camp.

Cost:	\$50.00
Venue:	CANBERRA
Overnight Location:	CANBERRA PARK
Transport:	COACH
Due Date:	Thursday 28 March 2024

\* indicates a required field

I have read the above details and give consent for my child, to attend the STAGE 3 CANBERRA CAMP \*

Yes  No

Student Name:

Parent/Carer Name: \*

Parent/Carer Phone Number: \*

Emergency Contact Name: \*

Emergency Contact Phone Number: \*

Medical Conditions (including any medication required):

Dietary Requirements:

Parent/Carer Signature: \*

**Please note:** Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page.



## **INTERSTATE EXCURSIONS – AMBULANCE COVER**

Dear Parents/Carers,

Reciprocal rights for Ambulance Cover in between the states and territories no longer exists. Previously the ambulance cover that the school pays for each student also covered excursions outside of New South Wales.

In NSW, if you already have hospital cover, ambulance cover is provided through an ambulance levy included in your premiums (this levy is sent on your behalf to the relevant State ambulance scheme). You're covered!

If you have Ancillary cover/Extras/or stand alone ambulance, please check with your health care provider as to whether their policy has reciprocal rights across the states or is solely for NSW.

If you are the holder of a concession card, you will not be charged for ambulance services. Concession card holders include Pension Cards, Health Care Concession Cards or Seniors Health Concession. Please be aware that Concession Cards do not cover the cost of transporting a patient to be closer to home. If your child is hospitalised interstate, the cost of transport by ambulance back home, under concession card cover, will be the responsibility of the family.

If you do not have hospital cover, separate ambulance cover, or one of the nominated concession cards, you are not covered and will be liable for all ambulance costs should this service be required for your child on an excursion travelling outside of NSW. This applies in particular to our upcoming Canberra Excursion for Stage 3.

### **How do I arrange Ambulance cover?**

To arrange ambulance cover you will need to contact a registered private health fund of your choice. An ambulance levy is included as part of basic hospital coverage with a registered health fund. Some funds also offer "ambulance only" insurance. Costs and inclusions differ from fund to fund; therefore it is recommended that you contact several funds to decide which cover is best for your personal circumstances.

Parents are asked to carefully check their cover with the respective agencies.

We would appreciate your prompt return of the attached Medical Information form.

Many thanks,

Mrs M Siwak,  
Principal.

***PLEASE COMPLETE THE NEXT 3 PAGES AND RETURN TO SCHOOL***



# PANANIA PUBLIC SCHOOL

21A Lawler Street, PANANIA NSW 2213

Phone: 9773 9017

Fax: 9792 3907

Email: panania-p.school@det.nsw.edu.au

## AMBULANCE COVER INFORMATION

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

I have read the attached letter with regard to the inability of the school and the Department of Education to provide ambulance cover for students on interstate excursions.

Each family is asked to provide the following information, as applicable to the circumstances which relate to your household.

My child is covered under our family Health Insurance.

Health Care Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

or

My child is covered under our Ambulance Insurance.

Ambulance Insurance Policy Number: \_\_\_\_\_

or

My child is covered under the Concession Card guidelines.

Concession Card type: \_\_\_\_\_ Card Number: \_\_\_\_\_

or

There is no ambulance cover. I understand that I will be responsible for the cost of ambulance transport for my child should it be deemed necessary by the supervising teachers to arrange for such a service.

***I hereby give permission for the supervising teachers on the excursion to utilise the ambulance service in that state, should it be deemed necessary for the health and wellbeing of my child.***

Signed Parent / Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

***PLEASE RETURN THIS SECTION TO THE SCHOOL OFFICE BY FRIDAY, 3 MAY.***



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## MEDICAL INFORMATION FORM

The information provided on (date) \_\_\_\_\_ by (name) \_\_\_\_\_ is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about (student name) \_\_\_\_\_ who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Panania Public School.

It will be used by officers of the NSW Department of Education and Communities to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

Student name: \_\_\_\_\_ Class: \_\_\_\_\_

Medicare number : \_\_\_\_\_

### Parent or caregiver contact details

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Doctor contact details

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's telephone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.**

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**Outline any food allergies (eg nuts, dairy, eggs fish etc) or dietary requirements (eg vegan, vegetarian, coeliac, diabetic etc) including possible reaction to inappropriate diet**

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**Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions**

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Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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